MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12298

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural X

LENGTH OF STAY (in this place) 2 Hrs. 15 Min.

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Pennsylvania COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Haverford V 35-3

STREET ADDRESS (If rural give location) Swinging Gate, Buck Lane

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Walker (Last) Allen

4. DATE OF DEATH: (Month) December (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 9, 1925

9. AGE last birthday: 28 yrs. IF UNDER 1 YEAR Months 8 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Philadelphia, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: A. H. ALLEN

14. MOTHER'S MAIDEN NAME: Florence Tenbroeck

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII Korean

16. SOCIAL SECURITY No.: 197-16-9760

17. INFORMANT & ADDRESS: Father: A. H. Allen, Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 330 X

Immediate cause (a) Subarachnoid hemorrhage rt.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) due to ruptured aneurysm rt. middle

DUE TO (c) cerebral artery

Interval Between Onset And Death: 2½ hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 30, 1953, to Dec. 30, 1953 that I last saw the deceased alive on Dec. 30, 1953, and that death occurred at 3:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. L. ROBINS, LT MC USNR, U.S.Naval Hospital, NNMC, Bethesda, Maryland. December 31, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF December 31, 1953

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR December 31, 1953

REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS R.A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

JAN 4 1954

RECEIVED

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Lateness in reporting
Film G177 2/28/55 mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: See Birth Cert. 11-23-53
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 139 Ritchie Ave

3. NAME OF DECEASED: (First) ~~Baby~~ Dana (Middle) ~~Boy~~ Junior (Last) ARMSTEAD Twin #1
4. DATE OF DEATH: (Month) December (Day) 15 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single
8. DATE OF BIRTH: November 23, 1953
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 22 IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Bennie Armstead
14. MOTHER'S MAIDEN NAME: Mattie Lou Witte
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
760.5 IMMEDIATE CAUSE	(A) Asphysia	few hours
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Prematurity (1100 grams)	22 days
	DUE TO (C) Intrapulmonary & intrarenal hemorrhages	? ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Twin pregnancy	

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Nov., 1953, to 15 Dec., 1953, that I last saw the deceased alive on 15 Dec., 1953, and that death occurred at 1:30 PM, from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS Suburban Hospital Bethesda, Md. DATE SIGNED 16 March 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 14 Feb 55
NAME OF CEMETERY OR CREMATORY Suburban Hospital
LOCATION (City, town, or county) (State) Bethesda 14, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-23-55
REGISTRAR'S SIGNATURE Bernice M. Thompson
24. FUNERAL DIRECTOR ADDRESS

RECEIVED
MAR 1 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12299

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington V-48-3
STREET ADDRESS (If rural give location) Sheraton Park Hotel

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) (X) (Last) ARNN

4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1953

5. SEX: Fe

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 14 ?

9. AGE last birthday: 80 ? yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Tariss

14. MOTHER'S MAIDEN NAME: Theresa Rousseau

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: (Daughter) Mrs. W. J. Goode, Sheraton Park Hotel.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
236X Immediate cause	(a) Congestive Cardiac Failure	3 days.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Pneumonia	7 days
DUE TO	(c) Tumor of Left Kidney	3+ yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to Dec 5, 1953, that I last saw the deceased alive on Dec 5, 1953, and that death occurred at 8:35 PM, from the causes and on the date stated above.

SIGNATURE Robert Hare M.D. (Degree or title) ADDRESS Takoma Park, Md. DATE SIGNED 12/5/53.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12-7-1953 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Nashville Tenn.

DATE REC'D BY LOCAL REGISTRAR Dec. 5 1953 REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR ADDRESS Joseph Gawler's Sons 1756 Pa. Ave. N.W. Wash. D.C.

RECEIVED
DEC 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12300

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Monigomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monigomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
STREET ADDRESS (If rural give location) 8901 Penn. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Liza (Last) Askins
4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Dec. 8, 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Domestics
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lincoln
14. MOTHER'S MAIDEN NAME: Mary Liza ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Elizabeth Adams. 2317 Michigan Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 11 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, general — ? years

DUE TO

(c) Arteriosclerotic Heart Disease — ? years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 28, 1953, to Dec 4, 1953 that I last saw the deceased alive on Dec 4, 1953, and that death occurred at 3.50 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Md. 1 5009 Del Ray Ave Bethesda Md 12/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12-12-53 NAME OF CEMETERY OR CREMATORY Sandy Spring LOCATION (City, town, or county) (State) Sandy Spring, Md

DATE REC'D BY LOCAL REGISTRAR 12/14/53 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12301 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2708 Elnora st

2. USUAL RESIDENCE (HOME) OF DECEASED:
~~STATE~~ D C COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington V48-3
STREET ADDRESS (If rural, give location) 1734 Mass Ave. S.E.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Arthur (Last) Bailey

4. DATE OF DEATH (Month) 12 (Day) 20 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 1, 1893	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Salesman	Automobile	Maryland	U.S.A.

13. FATHER'S NAME: William T. Bailey

14. MOTHER'S MAIDEN NAME: Rosie Guy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	579-05-8216	Mr. Leonard A. Bailey, 2608 Elnora St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion	Sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bouchat M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 12-21-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/23/53	Cedar Hill Cemetery	Prince George County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 22, 1953	Frances Potter	Warren E. Pumphrey	8434 Georgia Ave. Silver Spring, Md.

VS. A15A - 5 - 53

RECEIVED
DEC 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF ~~HEALTH—BALTIMORE, MD.~~

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Friendship Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 5503 Grove St.

3. NAME OF DECEASED: (Type or Print) (First) SABRINA (Middle) W. (Last) BANISTER

4. DATE OF DEATH: (Month) Dec. (Day) 11, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 27, 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months 9 Days 14 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country) England

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Whitaker

14. MOTHER'S MAIDEN NAME: Ellen Stow

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs W. F. Burrill- Item # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X
Immediate cause (a) Cerebral thrombosis — Interval Between Onset and Death: 6 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 2+ yrs.
DUE TO (c)
260X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus. 8+ mo.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Jan, 1952 to 11 Dec, 1953 that I last saw the deceased alive on 10 Dec, 1953, and that death occurred at 11:55 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) W. H. Richmond M.D. ADDRESS 5522 Connecticut Ave DATE SIGNED 11 Dec. 53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-transit | DATE THEREOF 12/13/1953 | NAME OF CEMETERY OR CREMATORY Riverside | LOCATION (City, town, or county) York Co. (State) Maine

DATE REC'D BY LOCAL REGISTRAR 12/12/53 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

DEC 15 1.
BUREAU V. S.

Film #G160 Item # 2 1/6/54 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 213

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: Frederick Ave, Lincoln Park, Rockville
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Spring
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) Diane (Last) Beasley

4. DATE OF DEATH: (Month) Dec (Day) 16 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Mar. 3, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 9 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): ✓
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Ruth Beasley Chavis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mont. County Welfare Board

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 2 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coarctation, aorta, congenital — 9 mos

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Dec., 1953, to 16 Dec., 1953, that I last saw the deceased alive on 15 Dec, 1953, and that death occurred at 10:45 A.M., from the causes and on the date stated above.
SIGNATURE Flesh (Degree or title) M.D. ADDRESS Suburban Hospital Bethesda, Md DATE SIGNED 17 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12/18/53 NAME OF CEMETERY OR CREMATORY Monty Co Farm Cemetery LOCATION (City, town, or county) Rockville (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec 17, 1953 REGISTRAR'S SIGNATURE Wanda L Cooke
24. FUNERAL DIRECTOR E C Gartner ADDRESS Gaithersburg Md

Dec 29 1953 Helen S. Eckenfelder aj. 2022222405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MONTGOMERY-COUNTY
HEALTH-DEPARTMENT
DEC 29 19

Item 18 Film 3160 12-24-53 ams

7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural

LENGTH OF STAY (in this place): 1 Month 4 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna

STREET ADDRESS (If rural give location): Rural Route 1 Box [illegible]

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Maurice Herman Bieser (Type or Print)	December 15 1953	Male	White	Married	July 18, 1914	39 yrs.	4 / [illegible]	

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Insurance Salesman	Insurance	Macksville, Kansas	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Herman Bieser	Linda B. Dougan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	WWII		Wife: Laura G. Bieser Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma, metastatic — Interval Between Onset And Death: 7 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchogenic carcinoma, right upper lobe bronchus

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1953, to Dec. 15, 1953, that I last saw the deceased alive on Dec. 15, 1953, and that death occurred at 2:55 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	JR. LT MC USN	U.S. Naval Hospital, NNMC, Bethesda, Maryland	December 16, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	December 18 1953	Park Lawn Cemetery	Montgomery County Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
December 16, 1953	[signature]	R.A. Pumphrey Funeral Home	7557 Wisconsin Avenue, Bethesda, Maryland.

VS. A15

RECEIVED
1953
EAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg — LENGTH OF STAY (in this place) 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisonburg, Va
STREET ADDRESS (If rural, give location) East Market St

3. NAME OF DECEASED (Type or Print): (First) Louella (Middle) Lee (Last) Billheimer
4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Oct 20 1857	96 yrs.	—	24	—	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Store	Harrisonburg Va	USA

13. FATHER'S NAME: Samuel Bowman
14. MOTHER'S MAIDEN NAME: Eliza Cottle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Asbury Methodist Home (Records)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Fell on floor & fracture right hip (intertrochanteric F)	11 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile	3 yrs +
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
Dec 3 53 8 A m.		lost balance walking in her room and fell

22. I hereby certify that I attended the deceased from July 15 1950, to Dec 14 1953, that I last saw the deceased alive on Dec 13 1953, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Kathleen C. Miller, M.D.		7 Brookes Ave., Gaithersburg, Md.	12-15-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-16-53	Woodbine	Harrisonburg, Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 15, 1953	Wanda F. Cooke	E. E. Garber	Harrisonburg, Va

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DEC 21 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (In this place): 12 hrs. 25 mi.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 869 Northampton Dr.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mary Mildred Boswell
4. DATE OF DEATH (Month) (Day) (Year): 12-27 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-17-03
9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager
10b. KIND OF BUSINESS OR INDUSTRY: Variety Store
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Florius H. Lodge
14. MOTHER'S MAIDEN NAME: Ella Mae Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

900.0

Immediate cause (a) Cerebral hemorrhage due to — 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of skull (left) — 25 min

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN): Silver Spring — (COUNTY): Monty — (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 12-27-53 - 9:20 P.m.
INJURY OCCURRED While at work ☒ Not while at work ☒
HOW DID INJURY OCCUR? Fell down stair steps of her home

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title): Frank J. Burchart M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 12-28-53

FORM OF CREMATION (Specify): Burial — DATE THE PROF: 12/30/53 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county): Mt. George Tav — (State): Md

DATE FILED BY LOCAL REG: Dec 28-1953 — REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: The S.H. Hines Co. 2901 — ADDRESS: 14th ST. N.W. WASHINGTON, DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] especially important. Physicians: please write the causes of death clearly and legibly.

1953
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12307

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE
LENGTH OF STAY (in this place) 15 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 OXFORD STREET

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE
STREET ADDRESS (If rural, give location) 108 OXFORD STREET

3. NAME OF DECEASED (Type or Print) (First) CLARENCE (Middle) J. (Last) BOURG

4. DATE OF DEATH (Month) 12 (Day) 28 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 8/11/93
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTORNEY
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) LA.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME NEMOURS T. BOURG
14. MOTHER'S MAIDEN NAME JULIETTE WEBRE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR II
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Frances M. Bourg - 108 - Oxford St. Ch. Ch. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Arteriosclerotic

Immediate cause (a) Cerebral Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 9 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 4 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy Renal Insufficiency — 3 years

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Dec 28, 1953, that I last saw the deceased alive on Dec 27, 1953, and that death occurred at 7:20 P.m., from the causes and on the date stated above.

SIGNATURE Marce J. Foret (Degree or title) M.D. ADDRESS 1801 K St. N.W. DATE SIGNED Dec 28, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/2/54
NAME OF CEMETERY OR CREMATORY St Joseph's Catholic Cemetery
LOCATION (City, town, or county) THIBODAUX (State) LA.

DATE REC'D BY LOCAL REG. 12/29/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821 - 14th St. Nw. Wash. D.C.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Mon Tg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKMONT
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6446 BROOKS LANE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mon Tg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKMONT
STREET ADDRESS (If rural give location) 6446 BROOKS LANE

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J (Last) BOYD

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: March 16 1896
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): PRINTER
10b. KIND OF BUSINESS OR INDUSTRY: COMMERCIAL
11. BIRTHPLACE (State or foreign country): WASHINGTON
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Boyd
14. MOTHER'S MAIDEN NAME: IDA JANE BARRY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW #1
16. SOCIAL SECURITY No.: 578-09-3724
17. INFORMANT & ADDRESS: MRS John J. Boyd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0238

Immediate cause (a) Luetic cardio-vascular disease — Interval Between Onset And Death: 20 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1953, to Dec. 22, 1953, that I last saw the deceased alive on 12/22, 1953, and that death occurred at 4:30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Harold F. McCann, M.D. ADDRESS 3008 - 14th St. N.W. Wash. D.C. DATE SIGNED 12/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 12-26-1953
NAME OF CEMETERY OR CREMATORY HOLY CROSS
LOCATION (City, town, or county) (State) CLARKSBURG W VA.

DATE REC'D BY LOCAL REGISTRAR 12/24/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901 - 14th St N.W. WASHINGTON. D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural
LENGTH OF STAY (in this place): 18 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Florida — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Jacksonville
STREET ADDRESS (If rural give location): 1416 Forrest Hills Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Paul (Last) Boyer II

4. DATE OF DEATH: (Month) December (Day) 1 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: December 11, 1944

9. AGE last birthday: 8 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Detroit, Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Paul Boyer

14. MOTHER'S MAIDEN NAME: Phyllis Millar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Father: Charles P. Boyer; Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

1938

Immediate cause (a) Posterior fossa Brain tumor — 2 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-30-53

19b. MAJOR FINDINGS OF OPERATION: Large malignant IV ventricle Tumor

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 53, to Dec. 1, 53, that I last saw the deceased alive on Dec. 1, 19 53, and that death occurred at 1220 AM, from the causes and on the date stated above.

E. P. THELEN LCDR MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. December 1, 1953
(Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Removal Burial — DATE THEREOF: December 1, 1953 — NAME OF CEMETERY OR CREMATORY: Barrancas National Cemetery — LOCATION (City, town, or county) (State): Warrington, Florida

DATE REC'D BY LOCAL REGISTRAR: December 1, 1953 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: R.A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A16

1. PLACE OF DEATH:

COUNTY [illegible]ery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural

LENGTH OF STAY (in this place): 2 Months 2[illegible] Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Virginia — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Winchester

STREET ADDRESS (If rural give location): 225 West Boscawen Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
George	Edgar	Brandt	December	12	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	July 20 1885	68 yrs.	4	22		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mariner	U.S. Navy	Pass Christian, Louisiana	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George P. Brandt	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WWI WWII		Wife: Gertrude P. Brandt Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA, LARYNX with metastasis to SKIN — DUE TO — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) [illegible] DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Embolism, Right

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 14, 19 53, to Dec. 12, 19 53, that I last saw the deceased alive on Dec. 12, 1953, and that death occurred at 5:02 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. L. KISS, JR., LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland December 14.1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	December 16, 1953	Arlington National Cemetery	Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
December 14.1953	Mary E. Farrell	R.A.Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

RECEIVED
DEC 15 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lincoln Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural, give location) Lincoln Park

3. NAME OF DECEASED: (Type or Print) (First) Fannie (Middle) I. (Last) Brooks
4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 2, 1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Adolphus Whitley
14. MOTHER'S MAIDEN NAME: Sarah Hamson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Frances Davis, Lincoln Park Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 260 X
Immediate cause (a) Cerebrall Thrombosis
DUE TO
Antecedent cause(s) (b) Hypertensive Cardiorenal Disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c) Diabetes Mellitus
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arthritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1946, to Dec. 7, 1953, that I last saw the deceased alive on Dec. 5, 1953, and that death occurred at 2:45 A.m., from the causes and on the date stated above.
SIGNATURE Wesley Sewell (DEGREE OR TITLE) M.D. ADDRESS Silver Spring Md DATE SIGNED 12-7-53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 12-9-53 NAME OF CEMETERY OR CREMATORY Lincoln Park. LOCATION (City, town, or county) Rockville, Md. (State)
DATE REC'D BY LOCAL REG. 12-9-53 REGISTRAR'S SIGNATURE Helen S. Eckenfeld
24. FUNERAL DIRECTOR Robert L. Snowden - Rockville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 12812

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. # 3 Gaithersburg Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgome
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. # 3 Gaithersburg Rural
STREET ADDRESS (If rural give location) Home

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Cleveland (Last) BROOME

4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: March 1 1885

9. AGE Last birthday: 68 yrs. IF UNDER 1 YEAR Months 9 Days 6 IF UNDER 24 HRS. Hours (Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: R B Beall

14. MOTHER'S MAIDEN NAME: Clara E. Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Rebecca Offutt-R.F.D. # 3 Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

445 X
Immediate cause (a) Left hemiplegia — 2 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cortical degeneration generalized — 2 years
DUE TO
(c) Malignant Hypertension — 8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 48, to 7 Dec, 19 53, that I last saw the deceased alive on 7 Dec, 1953, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John S. Fawcett M.D. ADDRESS Boyd Md. DATE SIGNED 7 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-9-53
NAME OF CEMETERY OR CREMATORY Darnestown
LOCATION (City, town, or county) (State) Darnestown, Maryland
DATE REC'D BY LOCAL REGISTRAR 12-8-53
REGISTRAR'S SIGNATURE Helen Eckert
24. FUNERAL DIRECTOR Robert M. Humphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS. A15

RECEIVED
[illegible] 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND ✓

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ✓

LENGTH OF STAY (in this place): 4½ days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON SANITARIUM HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring

STREET ADDRESS (If rural, give location): 10609 Old Bladensburg Rd.

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) Esther (Last) Brown

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9-27-85

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William I. Butt

14. MOTHER'S MAIDEN NAME: Martha E. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Robert A. Brown, 604 Deerfield Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

151X

Immediate cause (a) Carcinoma, Cardiac end of stomach with metastasis

DUE TO

Antecedent cause(s) (b) Left Pleural effusion

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Osteoarthritis, generalized

19a. DATE OF OPERATION: May, 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma, Cardiac end of stomach

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 1947, to 12/18, 1953, that I last saw the deceased alive on 12/18, 1953, and that death occurred at 6 45 a.m., from the causes and on the date stated above.

SIGNATURE: Dean H. Harding M.D. — (DEGREE OR TITLE) ADDRESS: 113 Carroll St NW, Wash DC — DATE SIGNED: 12/18/53

23. BURIAL, CREMATION REMOVAL (Specify): Entombment — DATE THEREOF: 12/21/53 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery — LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.: Dec 23-1953 — REGISTRAR'S SIGNATURE: J. Nelson Dodd

24. FUNERAL DIRECTOR: Warner E. Humphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Martinsburg — LENGTH OF STAY (in this place) 16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Montgomery — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Martinsburg
STREET ADDRESS (If rural give location) R.F.D. #2

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) W. (Last) Browning

4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 10-30-1887

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Marguette Baker

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: —

17. INFORMANT'S ADDRESS: Harold Browning

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
442X Immediate cause	(a) Cerebrovascular Accident	5 days
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Cerebral Arteriosclerosis	3 years
DUE TO	(c) Generalized Arteriosclerotic Cardiovascular Renal Disease	5 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Starvation — 2 months

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 6 1949, to 10 Dec., 1953, that I last saw the deceased alive on 10 Dec, 1953, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Andrew M. Smith, M.D. — ADDRESS Barnesville — DATE SIGNED 11 Dec. '53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-12-53 — NAME OF CEMETERY OR CREMATORY Monocacy Cemetery — LOCATION (City, town, or county) Beallsville, Monty. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-11-53 — REGISTRAR'S SIGNATURE Charles W. Elgin per D.F.E.

24. FUNERAL DIRECTOR — ADDRESS Wm. B. Hilton, Barnesville, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4611 Langdrum Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4611 Langdrum Lane

3. NAME OF DECEASED (Type or Print) — (First) Mary (Middle) E. (Last) BRUNNER

4. DATE OF DEATH — (Month) Dec. (Day) 3, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 2, 1881

9. AGE last birthday: 72 yrs. — If under 1 year: Months 9, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Houseworth

14. MOTHER'S MAIDEN NAME: Emma Dietrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Helen A. Travis-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Respiratory Failure — 2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary Occlusion — 12 hrs.
(c) Hypertensive Cardio-vascular-renal disease — 8 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Accident (Hemorrhage) — Sept. 1952

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to 12/3, 1953, that I last saw the deceased alive on 11/18, 1953, and that death occurred at 7^00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Frank Y. Jaggers Jr. M.D. — 5707 Wisconsin Ave Chevy Chase Md. — 12/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/5/1953 | NAME OF CEMETERY OR CREMATORY: Rockville Union | LOCATION (City, town, or county) (State): Rockville Maryland

DATE REC'D BY LOCAL REG. 12/3/53 | REGISTRAR'S SIGNATURE: Bessie M. Kinzer | 24. FUNERAL DIRECTOR: Robert A. Humphrey | ADDRESS: Bethesda, Md.

VS. A15

RECEIVED
DEC 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 8913 Conn Ave.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) M (Last) Buffin

4. DATE OF DEATH (Month) Dec (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 29, 1897

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Restaurant Business - retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Buffin

14. MOTHER'S MAIDEN NAME: Margaret Smith

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 216-22-0264

17. INFORMANT & ADDRESS: Mrs. Mary V. Buffin, 8913 Conn. Ave. North Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 976 X (a) Cerebral hemorrhage and laceration — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) bullet wound thru skull — 5 hrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

21c. (City or town) Chevy Chase (County) Montg (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-24-53 - 3:50 P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Self inflicted bullet wound

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12/29/53

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 12/30/53

REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR Warner L. Pumphrey

ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MONTGOMERY CO.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GEN'L HOSPITAL, INC. Olney

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED: (Type or Print) First: Walter (Middle): Henry (Last): Butler

4. DATE OF DEATH: (Month) December (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 12.18.05

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Butler

14. MOTHER'S MAIDEN NAME: Carrie Bell Prather

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Uremia — Interval Between Onset And Death: 2 wks.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pyelonephritis, recurrent — 2 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/11/51

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Bladder – Ureteko-sigmoid ostomy

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2 ..., 1951, to 12/10, 1953, that I last saw the deceased alive on 12/10, 1953, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. Sandy Spring, Md. 12/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/12/53 — NAME OF CEMETERY OR CREMATORY Brooke Grove — LOCATION (City, town, or county) Sandy Spring — (State) Md.

DATE RECD BY LOCAL REGISTRAR 12-12-53 — REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR — ADDRESS

R. L. Swann, Rockville, Md.

VS—A15b

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE~~, ~~19~~

CERTIFICATE OF DEATH

Reg. Dist. No. 21 2

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 905 Veirs Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 905 Veirs Mill Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Louise (Last) CALANTONIO

4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11/30/53

9. AGE Is t birthday: yrs. IF UNDER 1 YEAR Months 1 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Bethesda, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Philip Calantono

14. MOTHER'S MAIDEN NAME: Nellie May Norris

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Philip Calantonio -Item #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 7540 (a) Congenital heart disease (tetralogy of Fallo)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Absence of eye balls.

DUE TO (c) Clubbing of feet & hands

Spina bifida.

Interval Between Onset And Death: Since birth.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 30, 1953, to Dec. 30, 1953; that I last saw the deceased alive on Dec. 29, 1953, and that death occurred at 2:30 P.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title) W. A. Linthicum, MD. ADDRESS Rockville, Md. DATE SIGNED 12/30/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12-31-53

NAME OF CEMETERY OR CREMATORY Parklawn

LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-31-53

REGISTRAR'S SIGNATURE Helen S Eckenfelder

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

20X33X2403

aj.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 5 days-6 hrs-15 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8400 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 10217 - Edgewood Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) L. (Last) Carroll

4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 23, 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Hotel & Restaurant Business (retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Carroll

14. MOTHER'S MAIDEN NAME: Margaret Welch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Margaret C. Taylor, 10,217 Edgewood Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Congestive Heart Failure	13 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Myocardial Infarction with Ventricular Aneurysm	2 weeks
	(c) DUE TO Generalized and Coronary Arteriosclerosis	5 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 2 wks

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ,1948., to Dec. 3 , 1953., that I last saw the deceased alive on Dec. 2 , 1953, and that death occurred at 12:15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert G. Angle M.D. ADDRESS 5009 Del Ray Ave Bethesda Md DATE SIGNED 12-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial; DATE THEREOF 12/4/53; NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery; LOCATION (City, town, or county) (State) Corning, New York

DATE REC'D BY LOCAL REGISTRAR 12/7/53; REGISTRAR'S SIGNATURE Bessie M. Thompson; 24. FUNERAL DIRECTOR Warner & Pumphrey; ADDRESS 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Derwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Chase
4. DATE OF DEATH (Month) December (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6.2.86
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nelson Chase
14. MOTHER'S MAIDEN NAME: Jane Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

433.1

Immediate cause (a) Cerebral Embolism — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Auricular Fibrillation with — 10 days to

DUE TO

(c) Mural thrombus — 1 month

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Dec, 1953, that I last saw the deceased alive on Dec 16, 1953, and that death occurred at 12:35 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard A. Yates M.D. ADDRESS Olney Md DATE SIGNED 12/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec 19 1953 NAME OF CEMETERY OR CREMATORY Oak Grove MD LOCATION (City, town, or county) Mt Zion MD (State)

DATE REC'D BY LOCAL REGISTRAR 12/19/53 REGISTRAR'S SIGNATURE Gertrude B. Lawler
24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Glenville MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Item 19 Film G160 12-24-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp. Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 7301 Willow Ave.

3. NAME OF DECEASED: (Type or Print) (First) THURMAN (Middle) ELMO (Last) CHRISTOPHER
4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-17-77
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Retired Salesman
11. BIRTHPLACE (State or foreign country): Maine 17
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: HARRY CHRISTOPHER
14. MOTHER'S MAIDEN NAME: EMMA BERRY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: 214-10-2455
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

54.1

Immediate cause (a) Rheumatic mitral disease & congestive failure following

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Gastric Surgery for post perforating Antral ulcer & resection

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION Large markedly endurated gastric ulcer perforating into pancreas.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ 3 yrs., 1950, to 12/13/, 1953, that I last saw the deceased alive on 12/13, 1953, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. N. Wolohan M.D.
ADDRESS 500 Underwood St. N.W. Wash. D.C.
DATE SIGNED 12/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 16, 1953
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) TOPSHAN, Cumberland Co., (State) Maine

DATE REC'D BY LOCAL REGISTRAR Dec 14-1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR A. Arthur Walters, 254 Carroll St. NW Takoma Park, W.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural, give location) Brooke Rd

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) (Last) Claggett

4. DATE OF DEATH: (Month) Dec. (Day) 9, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: Jan 7, 1906
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Everett
14. MOTHER'S MAIDEN NAME: Georgiana Fuzzi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Charles E. Claggett. Sandy Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 175x

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary anoxia Myocardial Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Severe Anemia Recto vaginal fistula	1952
	DUE TO (c) Cystadenocarcinoma Rt Ovary	1949

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 1949
19b. MAJOR FINDINGS OF OPERATION: Uterine Polyp Adenocarcinoma Right Ovary
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 24 1936, to Dec. 9, 1953, that I last saw the deceased alive on Dec 9, 1953, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

SIGNATURE Webster Lewell (DEGREE OR TITLE) M.D. ADDRESS Silver Spring Md DATE SIGNED 12.11.53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 12-13-53 NAME OF CEMETERY OR CREMATORY Ash Memorial LOCATION (City, town, or county) Sandy Spring, Md (State)
DATE REC'D BY LOCAL REG. 12/13/53 REGISTRAR'S SIGNATURE Leslie B Lawler
24. FUNERAL DIRECTOR Robert L. Snowden, Rockville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15 8-51

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) Washington San + Hospital Annex I

3. NAME OF DECEASED: (Type or Print) (First) Olga (Middle) (none) (Last) Colbarn

4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Caue

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5/15/69

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweeden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilhels Stenvall

14. MOTHER'S MAIDEN NAME: Josephine (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Washington San + Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Anterior Myocardial Infarction — Interval Between Onset And Death: 1 Month

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 23, 1953, to Dec. 2, 1953, that I last saw the deceased alive on Dec. 2, 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James Mahoney Jr. M.D. — ADDRESS Takoma Park Md. — DATE SIGNED Dec 2 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF December 4, 1953 — NAME OF CEMETERY OR CREMATORY George Washington Cemetery — LOCATION (City, town, or county) Prince George County — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec 2-1953 — REGISTRAR'S SIGNATURE J. Nelson Dodd

24. FUNERAL DIRECTOR J. Arthur Waters — ADDRESS 254 Carroll St. NW. Takoma Park. D.C.

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DEC
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6615 Delafield St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6615 Delafield St.

3. NAME OF DECEASED (Type or Print): (First) Jane (Middle) Mary (Last) Crocker
4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 2, 1882
9. AGE last birthday: 71 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brockton, Mass.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Roger Oakley
14. MOTHER'S MAIDEN NAME: Annie McGrane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Daughter — Evelyn A. Hennessey, 6015 Delafield St, Ch. Co, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion, acute — Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic congestive heart failure — 3 yrs +
(c) Arteriosclerosis & Essential Hypertension — 10 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Patient found dead by family

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 12-3-, 1953, that I last saw the deceased alive on 12-3-, 1953 and that death occurred at 6^00 p.m., from the causes and on the date stated above.

SIGNATURE Stewart Alaff — (Degree or title) M.D. — ADDRESS 3921 Norman St. N.W. Wash DC — 12-3-53 DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 5, 1953
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem
LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 12/4/53
REGISTRAR'S SIGNATURE: Bessie [illegible]
24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

VS. A15

Pt. was found by family expired. Dr. Broadhead County Coroner notified and has directed case to be handled in usual routine manner.

Dr. Claff

RECEIVED
DEC 7 ..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural
LENGTH OF STAY (in this place): 1 Month 25 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Florida — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pensacola
STREET ADDRESS (If rural give location): 4395 West Jackson

3. NAME OF DECEASED (Type or Print): (First) Matilda (Middle) Helen (Last) Crosby

4. DATE OF DEATH: (Month) December (Day) 2 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 1, 1920

9. AGE Last birthday: 33 yrs. IF UNDER 1 YEAR: Months 9 Days 1 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Memphis, Tennesse

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Henry

14. MOTHER'S MAIDEN NAME: Frances Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Husband: Hilton Crosby Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17/X

Immediate cause (a) Metastatic carcinoma — Interval Between Onset And Death: 1 yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma cervix

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 7, 19 53, to Dec. 2, 19 53, that I last saw the deceased alive on Dec. 2, 1953, and that death occurred at 6:25 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. G. BUSBY, LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. December 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Removal Burial — DATE THEREOF: December 2 1953 — NAME OF CEMETERY OR CREMATORY: Barrancas National Cemetery — LOCATION (City, town, or county) (State): Warrington Florida

DATE REC'D BY LOCAL REGISTRAR: December 2 1953 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

VS. A15

RECEIVED
DEC 4 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5420 Conn. Ave N.W. Apt 2.2

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Mary Conn Davies	Dec 23 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	single	Jan 20, 1864	89 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
stenographer	retired	D.C.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel Conn	Mary Longden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
	no.	Wm Davies 5415 Conn. Ave N.W. Wash DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock - Uremia	3 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Fracture of left hip	7 days
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
12-18-53	S.T. subtrochanteric portion left hip	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Home	Washington	DC	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
12-16-53 2 P.M.		Fell at home

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Buxton M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-23-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Dec. 26, 53	Glenwood	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-26-53	Minnie A Thompson	Henry Wood Funeral Home	

#205

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please state the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (In this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8022 Barron St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Minn. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crookston
STREET ADDRESS 113 (If rural, give location) 4th Hunter st

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Warren	Richard	Decker	Dec	21	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Married	Feb. 5, 1887	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Power Co	Iowa	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lincoln Decker	Delia Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	482-05-9173	Mrs. Donald R. Ellis, 8022 Barron St. Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: Found dead

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart M.D.	Hutchinson Minn	12-21-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans. & Burial	12/22/53	Fawsett, Cemetery	Edgerton, Wisconsin

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 24-1953	F. Victor Dodd	Warner & Lumpkins	8434 Georgia Ave. Silver Spring, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Monigomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 21½ Da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Montgomery
STATE Md. — COUNTY Maryland.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN 4303 Warner ST.
STREET ADDRESS (If rural, give location) Kensington

3. NAME OF DECEASED: (First) Ronald (Middle) Charles (Last) Diehl

4. DATE OF DEATH (Month) Dec. (Day) 29 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Nov. 13-1939

9. AGE last birthday: 14 yrs. — IF UNDER 1 YEAR: Months 9 Days 16 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Student

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles Diehl

14. MOTHER'S MAIDEN NAME: Hilda C. Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Gerald G. Deis-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

812X

Immediate cause (a) Uremia due to acute toxic nephrosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Lobar pneumonia - left chest - involving entire left lung & at least lobe — 22 days

DUE TO

(c) Traumatic rupture of bladder due to auto accident

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY Not given

21c. (City or town) Kensington (County) Mont (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12-29-53 3:45 P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Pedestrian struck by truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Buxbaum M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12-31-53

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 12/30/53

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Peter A. Humphrey

ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural X
LENGTH OF STAY (in this place) 2 Hrs. 29 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY M[illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 705 West Montgomery Street

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Dixon

4. DATE OF DEATH: (Month) December (Day) 23 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: December 23,1953
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 2 Min. [illegible]

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David C. Dixon
14. MOTHER'S MAIDEN NAME: Shirley Innes Harrison

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: David C. Dixon Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776x

Immediate cause (a) Prematurity — Interval Between Onset And Death 1/2 hrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 23, 1953, to Dec. 23, 1953, that I last saw the deceased alive on Dec. 23 1953, and that death occurred at 3:00 PM, from the causes and on the date stated above.

SIGNATURE D. J. Pascoe (Degree or title) ADDRESS DATE SIGNED
D. J. PASCOE, LT, MC USN, U.S.Naval Hospital,NNMC,Bethesda,Maryland. December 24,1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF December 26 1953
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematorium
LOCATION (City, town, or county) Prince Georges (State) Maryland

DATE REC'D BY LOCAL REGISTRAR December 24,1953
REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR R.A. Pumphrey Funeral Home, 7557 Wisconsin, Avenue, Bethesda, Maryland
ADDRESS

20V3344291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

VS. AIR.

RECEIVED
DEC 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Montgomery Gen. Hosp.
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Sandy Spring
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) B. (Middle) Dorsey (Last) DOWNEY

4. DATE OF DEATH: (Month) 12 (Day) 12 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W H

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 17 JUNE 1889

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): INSUR. AGENT

10b. KIND OF BUSINESS OR INDUSTRY: INSURANCE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FRANK J. DOWNEY

14. MOTHER'S MAIDEN NAME: INDIA J. JONES

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-32-1791

17. INFORMANT & ADDRESS: MRS. B. DORSEY DOWNEY Sandy Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CA OF LIVER (HEPATOMA) — Interval Between Onset And Death: 1½ MO.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) METASTASIS

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 APRIL, 1953, to 12 Dec, 1953, that I last saw the deceased alive on 12 Dec, 1953, and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE John B Zeigler (Degree or title) MD ADDRESS Olney Md. DATE SIGNED 12-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/14/53 — NAME OF CEMETERY OR CREMATORY Friends' Cemetery — LOCATION (City, town, or county) (State) Sandy Spring, Montgomery Co., Md

DATE REC'D BY LOCAL REGISTRAR 12-16-53 — REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Warner & Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

from Potter Silver Spring

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookmont; LENGTH OF STAY (in this place) MARYLAND 15 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4007-63rd. ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookmont; STREET ADDRESS (If rural give location) 4007-63rd. ST.

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Bonine (Last) Drescher

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 3-13 189[illegible]

9. AGE Last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: SUPERVISOR

10b. KIND OF BUSINESS OR INDUSTRY: TELEPHONE, Co.

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HOWARD N. BONINE

14. MOTHER'S MAIDEN NAME: IDA IRENE SEAGER

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 577-01-2832

17. INFORMANT & ADDRESS: FRED. W. DRESCHER 4007-63rd ST BROOKMONT Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) [illegible] DUE TO [illegible] General carcinomatosis. — Interval Between Onset And Death: 8 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible] DUE TO Rectal carcinoma

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypothyroidism

19a. DATE OF OPERATION: April 21 1953

19b. MAJOR FINDINGS OF OPERATION: Rectal Ca. [illegible] 2nd. y. it [illegible] metastasis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) [illegible] Brookmont (COUNTY) Montgomery Co. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 1, 1953, to Dec 31, 1953, that I last saw the deceased alive on Dec 31, 1953, and that death occurred at 8.20 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Carl Goldenberg M.D. ADDRESS 16 Columbia Rd Hyattsville Md DATE SIGNED 1/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/4/53 — NAME OF CEMETERY OR CREMATORY Mt Olivet — LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 1-4-54 — REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 1400 Chapin N.W. Wash, D.C.

VS. A15

JAN 6
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 2 Months 22 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria
STREET ADDRESS (If rural give location) 611 14th. Street

3. NAME OF DECEASED: (Type or Print) (First) Juanita (Middle) Virginia (Last) Eddy

4. DATE OF DEATH: (Month) (Day) (Year) December 20 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June, 16 1917
9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR Months 0 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles W. Jacobs
14. MOTHER'S MAIDEN NAME: Eleveyn M. Nuthall

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Husband: James E. Eddy Same as [illegible] above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
204.1
Immediate cause (a) Chronic Myelogenous Leukemia — Interval Between Onset And Death 3 yrs.
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 28 1953, to Dec. 20, 1953 that I last saw the deceased alive on Dec. 20, 1953, and that death occurred at 8:35 AM, from the causes and on the date stated above.

SIGNATURE J. [illegible] SHANAHAN, LT MC USN (Degree or title) ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED December 21, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF December 23, 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR December 21, 1953
REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR Demaine's Sons Funeral Home, 5[illegible] South Washington, Street, Alexandria Virginia.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—~~BUREAU OF VITAL STATISTICS~~

CERTIFICATE OF DEATH

Reg. Dist. No. 516

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo Hts.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6009 Walhonding Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Mont~~omery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo Hts.
STREET ADDRESS (If rural give location) 6009 Walhonding Rd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
JOHN	HENRY	EMBREY	Dec. 16, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	12-28-31	21 yrs.	11	18		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James William Embrey	Helen Bolton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	Unknown	J.W.Embrey- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Diabetic Nephropathy	? years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Diabetes Mellitus	11 years
DUE TO	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 4, 19 53, to Dec 16, 19 53, that I last saw the deceased alive on Dec 16, 19 53, and that death occurred at 12:50 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Dwight E. DeSautels MD.	8025 ABERDEEN Rd. Bethesda 14, Md	12/16/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-19-53	Mt. Zion	Bethesda, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/19/53	Bessie H. Thompson	Robert L. Pumphrey	Bethesda, Md.

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, CO~~

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6310 Delaware Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 6310 Delaware Street

3. NAME OF DECEASED: (Type or Print) (First) EDMUND (Middle) FREDERICK (Last) ERK

4. DATE OF DEATH: (Month) Dec. (Day) 14, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr. 17, 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months 7 Days 27 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Congressman

10b. KIND OF BUSINESS OR INDUSTRY: Retired-U.S. Govt.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Erk

14. MOTHER'S MAIDEN NAME: Johanna Burke

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Lawson MCKenzie-

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) DUE TO Congestive heart failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Coronary artery disease.

(c)

Interval Between Onset And Death: 10 days.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema + generalized arteriosclerosis.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec. 11, 1953, to Dec. 14, 1953, that I last saw the deceased alive on Dec. 14, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George A. Gray, Jr., M.D. ADDRESS 104 Chevy Chase Dr. DATE SIGNED 12/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-transit

DATE THEREOF 12/16/53

NAME OF CEMETERY OR CREMATORY Spring Hill

LOCATION (City, town, or county) Allegheny Co. (State) Penna.

DATE REC'D BY LOCAL REGISTRAR 12/15/53

REGISTRAR'S SIGNATURE Bernie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey

ADDRESS Bethesda, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7022 Brookville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont. Gomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 7022 Brookville, Rd.

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) T. (Last) Fisher
4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 19[illegible]

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 6, 1902
9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Auto Parts
10b. KIND OF BUSINESS OR INDUSTRY: Merchandising
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Thomas G. Fisher
14. MOTHER'S MAIDEN NAME: Mary C. Allnutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war, or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mary J. Fisher-Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 4.9.1 Coronary occlusion — Found dead in bed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Boschart M.D. — Gaithersburg Md — 12-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-30-53 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 12/28/53 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 24. FUNERAL DIRECTOR: Robert A. Dumphrey — ADDRESS: Bethesda, Md.

RIAU V. S

File #G160 Item # 9 1/6/54 cmp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16-7

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural
LENGTH OF STAY (in this place): 21 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington V 48 -
STREET ADDRESS (If rural give location): 6000 13th. Place N.W.,

3. NAME OF DECEASED: (Type or Print) (First) Evan (Middle) (Last) Francis

4. DATE OF DEATH: (Month) December (Day) 15 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	November 16, 1898	55 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Commercial Artist	U.S.Government	New Philadelphia, Ohio	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Francis	Elizabeth Decree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
Yes.	WWI-WWII		217 Crater Avenue, Niece:Lillian Walters Dover, Ohio

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Infarction, Myocardial	3 Weeks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) arteriosclerosis, coronary arteries	unknown
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 24, 1953, to Dec. 15, 1953, that I last saw the deceased alive on Dec. 15, 1953, and that death occurred at 3:00 AM, from the causes and on the date stated above.

SIGNATURE: R. K. Plack, MC USN — (Degree or title) — ADDRESS: MCUH, U.S.Naval Hospital, NNMC, Bethesda, Maryland. — DATE SIGNED: December 16, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	December 18, 1953	Arlington National Cemetery	Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
December 16, 1953	[signature]	W.J. CHAMBERS Funeral Home,	1406 Chapin Street, N.W, Washington, D.C.

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1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda - rural
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 1308 Emerson Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Hugo (Middle) (Last) Frankenberger

4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 13, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy

11. BIRTHPLACE (State or foreign country): Charleston, West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Moses Frankenberger

14. MOTHER'S MAIDEN NAME: Fannie Ellinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I WW II

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Son: Norbert Frankenberger, 86 Bowyer Road, Annapolis, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute anterior Myocardial infarction Interval Between Onset And Death: 40 Hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — indefinite

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic aortic and mitral valve disease. Healed Bacterial endocarditis 40 yrs and years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1953, to Dec. 3, 1953, that I last saw the deceased alive on Dec. 3, 1953, and that death occurred at 11:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W.D. Bell — W.D.BELL, LT, MC, USNR, U.S. Naval Hospital, NNMC, Bethesda, Montgomery, Md. Dec. 4, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec., 7, 1953

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: Dec., 4, 1953

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: R.A. Pumphrey Funeral Home, 7557 Wisconsin Ave., Bethesda, Maryland

RECEIVED
DEC 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charlotte (Middle) Olive (Last) Gartrell
4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1953

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 2.20.96
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Jennings Gartrell
14. MOTHER'S MAIDEN NAME: Louise Shane

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Marjorie Trayer, Sykesville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
334X
Immediate cause (a) Coronary thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral arteriosclerosis and General arteriosclerosis
DUE TO
(c) Hypertension

Interval Between Onset And Death: two years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left side hemiplegy

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September, 1953, to December, 1953, that I last saw the deceased alive on Dec. 21, 1953, and that death occurred at 2.50 PM, from the causes and on the date stated above.
SIGNATURE Bertrand R. Lau (Degree or title) M.D. ADDRESS Sykesville, Md. DATE SIGNED 12-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 12-26-53
NAME OF CEMETERY OR CREMATORY Morgan Chapel
LOCATION (City, town, or county) Carroll Co. (State) Md
DATE REC'D BY LOCAL REGISTRAR 12-22-53
REGISTRAR'S SIGNATURE Gertrude B Fowler
24. FUNERAL DIRECTOR J. H. Waltz & Winfield ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place) 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY ----
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 3128 Eads St. N.E.

3. NAME OF DECEASED: (Type or Print) (First) Aaron (Middle) (Last) Gary

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1953

5. SEX: M

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 14, 1911

9. AGE Last birthday: 42 yrs.
IF UNDER 1 YEAR: Months ---- Days ----
IF UNDER 24 HRS.: Hours ---- Min. ----

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Taxicab driver

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John P. Gary

14. MOTHER'S MAIDEN NAME: Fannie Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) - -

16. SOCIAL SECURITY No.: ---

17. INFORMANT & ADDRESS: Medical record - The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X (a) Cardiac failure — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive cardiovascular disease — DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriolar nephrosclerosis; Myocardial hypertrophy and dilatation

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) --

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---- (CITY OR TOWN) ---- (COUNTY) ---- (STATE) ----

TIME OF INJURY (Month) -- (Day) -- (Year) -- (Hour) -- m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? - - - -

22. I hereby certify that I attended the deceased from Nov. 10, 1953, to Dec. 13, 1953, that I last saw the deceased alive on Dec. 13, 1953, and that death occurred at 9:43 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James B. Wyngaarden M.D. — ADDRESS The Clinical Center — DATE SIGNED Dec. 14, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-19-53 — NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 12/15/53 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR — ADDRESS Malsan & Schey 424 "R" St. N.W. Wash., D.C.

VS./A15

RECEIVED

V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6700 Wilson Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 6700 Wilson Lane

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) JANE (Last) GEALY

4. DATE OF DEATH: (Month) Dec., (Day) 20, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 22,1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wales
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Rees Bevan
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Edgar J.Gealy, 6700 Wilson Lane, Bethesda, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Ventricular tacchycardia — Interval Between Onset And Death: 24 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized carcinomatosis — 1½ yrs.

DUE TO

(c) Carcinoma of Colon — 3¾ yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 17, 1950
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March, 1950, to December 20, 1953, that I last saw the deceased alive on 12/19, 1953, and that death occurred at 7:05 pm 12/20/53 from the causes and on the date stated above.

SIGNATURE Roger Kurtz (Degree or title) M.D. ADDRESS 3700 Connecticut Ave. N.W. DATE SIGNED 12-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 12/23/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem
LOCATION (City, town, or county) Smithland (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12/21/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Chevy Chase Funeral Home
ADDRESS 3103 Wis., Ave., N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5306 Audubon Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5306 Audubon Rd.

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) E. (Last) GIBSON-SR.

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 11-16-1873 | 9. AGE last birthday: 80 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired | 10b. KIND OF BUSINESS OR INDUSTRY: Doctor | 11. BIRTHPLACE (State or foreign country): Washington D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F Gibson | 14. MOTHER'S MAIDEN NAME: Minnie A. Knapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT & ADDRESS: Mrs Frances Gibson 5306 Audubon Rd. Bethesda Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X Immediate cause	(a) Cerebral Hemorrhage	Appx. 1 hr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Arteriosclerosis	indef.
	DUE TO (c) Generalized Arteriosclerosis	indef
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ,1951, to Dec 20, 1953, that I last saw the deceased alive on Dec 10, 1953, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William B. Nash MD | ADDRESS 1835 Eye St. N.W.-Wash. D.C. | DATE SIGNED Dec 20, 1953

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial | DATE THEREOF 12-23-53 | NAME OF CEMETERY OR CREMATORY Glenwood Cemetery | LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REGISTRAR 12/21/53 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR The S. H. Hines Co. | ADDRESS 2901-14th St N.W. Washington 9 D. C.

VS. A15

Coroner - Dr. Woodard - notified and approved by telephone. -

William B. Habich M. D.

Dec 29, 1953

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring.
STREET ADDRESS 323 - Franklin Ave (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) (Last) Gibson.
4. DATE OF DEATH: (Month) (Day) (Year) Dec. 2 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Dec. 10-1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Gibson
14. MOTHER'S MAIDEN NAME: Rosebelle. Allen.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: NE.
17. INFORMANT & ADDRESS: Mrs. John H. A. Savage. Bethesda Md 4609 - Glenbrook Parkway.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 592X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	1 hour.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio-sclerosis	years
DUE TO		
	(c) Chronic interstitial nephritis	years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1950, to Dec. 2, 1953, that I last saw the deceased alive on Dec. 1, 1953, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE Richard Lee Silvester (DEGREE OR TITLE) M.D. ADDRESS 3140 Kluegle Rd Wash D.C. DATE SIGNED 12-2-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Dec. 5-1953 NAME OF CEMETERY OR CREMATORY Oakhill LOCATION (City, town, or county) Washington. (State) D.C.

DATE REC'D BY LOCAL REG. Dec 2/53 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR J. William Lee & Sons ADDRESS 300-4th St. NE Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1

RECEIVED
DEC 7 1953
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 55 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
STREET ADDRESS (If rural, give location) Box 109

3. NAME OF DECEASED (Type or Print): (First) Willis A. (Middle) (Last) Gregory

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: July 14, 1913

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto upholster

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey Gregory

14. MOTHER'S MAIDEN NAME: Regina Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 161-12-8027

17. INFORMANT AND ADDRESS: Medical record - The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carcinoma of prostate with wide local extension and metastases.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right hydronephrosis due to obstruction of ureter.

19a. DATE OF OPERATION: Dec. 7, 1953

19b. MAJOR FINDINGS OF OPERATION: Transurethral resection and biopsy of prostate

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 21, 1953, to Dec. 15, 1953, that I last saw the deceased alive on Dec. 15, 1953, and that death occurred at 9:35 a.m., from the causes and on the date stated above.

SIGNATURE Robert J. Jennett (Degree or title) MD ADDRESS The Clinical Center DATE SIGNED Dec. 15, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE Dec 15/53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town or county) (State) Annapolis Md

DATE REC'D BY LOCAL REG. 12/16/53 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR B. L. Hopkins & Son — ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

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DEC
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE~~, ~~[illegible]~~

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Germantown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marylander Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 6301 Hillcrest Place

3. NAME OF DECEASED: (Type or Print) (First) AGNES (Middle) SARAH (Last) GUY

4. DATE OF DEATH: (Month) Dec. (Day) 17, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 6-17-1862
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months 6 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Newtown, So. Wales
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward Jones
14. MOTHER'S MAIDEN NAME: ? Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Marguerite M. Root- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221
Immediate cause (a) Arteriosclerotic cardiovascular disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 15 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 12, 1952, to Dec. 17, 1953, that I last saw the deceased alive on Dec. 12, 1953, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE James V. Kerr (Degree or title) M.D. ADDRESS Damascus, Md. DATE SIGNED 12/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-19-53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Maryland
DATE REC'D BY LOCAL REGISTRAR 12-18-53
REGISTRAR'S SIGNATURE Helen S. Eckingeden Dy.
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
DEC 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington MD

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3000 McComas St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD — COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
Edgar H. Hawkins	12 24 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	10/28/65	88 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Virginia	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Hawkins	Laura Bourke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No —		Robt. E. Hawkins 1919 Shepard Rd. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443X Immediate cause	(a) Acute congestive heart failure	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive heart disease DUE TO	6 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Senility - Cerebral vascular accident — 4 mth

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 48, to Dec 24, 19 53 that I last saw the deceased alive on Dec 24, 19 53, and that death occurred at 12:50 P.M., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) ADDRESS: 1946 K St NW — DATE SIGNED: Dec 24 53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/26/53		Culpeper VA

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 28/53	Frances Potter	J. William Lee Funeral Co.	Washington, D.C.

VS. A10 8-51

RECEIVED
DEC
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colesville - Md
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe's

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wash. D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wash. D. C.
STREET ADDRESS (If rural give location) 1311 - Shepherd St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) William (Last) Hepner
4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-10-1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Gideon Hepner
14. MOTHER'S MAIDEN NAME: Sarah — ? Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mrs. Elizabeth Hepner - 1311 - Shepherd St. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis
DUE TO
(c) Senescence

Interval Between Onset And Death: 11/20 - 12/2 1953 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1953, to 12/2, 1953, that I last saw the deceased alive on 11/20, 1953, and that death occurred at 12 50 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) [illegible] Md ADDRESS Silver Spring Md DATE SIGNED 12/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 12-2-53
NAME OF CEMETERY OR CREMATORY Woodstock - Va
LOCATION (City, town, or county) Woodstock Va (State)
DATE REC'D BY LOCAL REGISTRAR Dec 2 53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR M.W. Chambers Co. ADDRESS 1400 - Chapin St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 8109 14th Avenue

3. NAME OF DECEASED: (Type or Print) (First) INFANT (Middle) GIRL (Last) Hess

4. DATE OF DEATH: (Month) 12 (Day) 3 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 12-3-53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Takoma Park, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Joseph Hess
14. MOTHER'S MAIDEN NAME: Emily Claire Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mother Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

761.0
Immediate cause (a) Premature separation of placenta
DUE TO
Antecedent cause(s) (b) Anoxia
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3, 1953, to 12-3, 1953, that I last saw the deceased alive on 12-3, 1953, and that death occurred at 11:02 a.m., from the causes and on the date stated above.

SIGNATURE Charles R. Hughes, M.D. (DEGREE OR TITLE) ADDRESS Silver Spring, DATE SIGNED 3 Dec. 53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Dec. 7, 1953
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. Dec 4-1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR W.W. Tattersall ADDRESS 3619-14th St N.W. Wash. D.C.

2JV3313483

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC 7 1-3
BUREAU V. S.

Film G-160 Item 19 1-13-54 SW

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Williamsburg Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 309 Williamsburg Dr.

3. NAME OF DECEASED (Type or Print): (First) ADELE (Middle) Menzel (Last) HITZ

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 5, 1880

9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Hoboken, New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adolph Menzel

14. MOTHER'S MAIDEN NAME: Louisa Koelsch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Park G. Haynes, 309 Williamsburg Dr. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval between onset and death: 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis — Interval: Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension, Cataract, Senility

19a. DATE OF OPERATION: 2-27-53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma, left breast

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1953, to Dec. 31, 1953, that I last saw the deceased alive on Dec. 31, 1953, and that death occurred at 9:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Silver Spring, Md. 1/4/54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE THEREOF: 1/2/54 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Crematory | LOCATION (City, town, or county) (State): Prince George Co., Md.

DATE REC'D BY LOCAL REG.: 1-4-54 | REGISTRAR'S SIGNATURE: Frances [illegible]

24. FUNERAL DIRECTOR: Kilmarnock-Timanus ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

JAN
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 801 Tanley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 801 Tanley Rd.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) E. (Last) Holland

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-21-'92

9. AGE last birthday: 61 yrs.
IF UNDER 1 YEAR: Months 8 Days 21
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret. Engineer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? Us

13. FATHER'S NAME: August W. Holland

14. MOTHER'S MAIDEN NAME: Anna C. Seiler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W W I

16. SOCIAL SECURITY No: None

17. INFORMANT & ADDRESS: Kathleen B. Holland- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162 ×

Immediate cause (a) Cerebral Anoxia — Interval Between Onset And Death: ½ hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Carcinoma of the lung — 9 mos.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 27, 1953

19b. MAJOR FINDINGS OF OPERATION: Bronchogenic Adenocarcinoma, left upper lobe, lung

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to Dec. 26, 1953, that I last saw the deceased alive on Dec 26, 1953, and that death occurred at 11 PM, from the causes and on the date stated above.

SIGNATURE Henry Sharpe (Degree or title) M.D.
ADDRESS Kensington, Md. DATE SIGNED Dec 27 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-30-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 12-29-53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Robert A. Humphreys
ADDRESS Bethesda, Md.

BUREAU V. S

[2350]

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural, give location) 19 Pine Ave.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Anson (Last) Hooker
4. DATE OF DEATH (Month) Dec (Day) 31 (Year) 1953 @ 8 p.m.
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 8-13-1877
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Editor-Research
10b. KIND OF BUSINESS OR INDUSTRY Dept. of Agriculture
11. BIRTHPLACE (State or foreign country) Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles W. Hooker
14. MOTHER'S MAIDEN NAME Mary Edwards
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Allen Hooker 1000 Prospect Ave., Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Right cerebral hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 8 days

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 1953, to Dec. 31, 1953, that I last saw the deceased alive on Dec. 31, 1953, and that death occurred at 8:35 P.m., from the causes and on the date stated above.

SIGNATURE Wilfred W. Eastman (Degree or title) M.D. ADDRESS 8700 Colesville Rd, Silver Spring Md DATE SIGNED Jan 1 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit DATE Jan 5 1954 NAME OF CEMETERY OR CREMATORY Oldwood Cemetery LOCATION (City, town, or county) Amherst, Hampshire Co. (State) Mass.

DATE REC'D BY LOCAL REG. Jan 1-1954 REGISTRAR'S SIGNATURE J. Nelson Dodd

24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. N.W. T.P. Wash. 12, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. [illegible]

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2504 Arcola Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2504 Arcola Avenue

3. NAME OF [redacted] (Type or Print) (First) John (Middle) Lee (Last) Hornbeak

4. DATE OF DEATH (Month) Dec. (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept. 8, 1952

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ??

14. MOTHER'S MAIDEN NAME: Lois Diane Hornbeak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Roy L. Hornbeak, 2504 Arcola Ave. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

434.2

Immediate cause (a) Asphyxia acute to vomitus — INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Left bronchopneumonia — ?

DUE TO (c) Pericarditis & enlarged heart — ?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12/26/53

NAME OF CEMETERY OR CREMATORY Washington National Cemetery

LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REG. [illegible] 28 [illegible]

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Warner C. Humphrey

ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Districc Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 2715 Ordway Street, N.W.,

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Eustis (Last) Hoyt

4. DATE OF DEATH: (Month) December (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: November 26, 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months 0 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Doctor

10b. KIND OF BUSINESS OR INDUSTRY: MEDICAL Corps U.S.Navy

11. BIRTHPLACE (State or foreign country) Portsmouth, New Hampshire

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alfred Hoyt

14. MOTHER'S MAIDEN NAME: Emily Spihney

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI WWII

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wife: Lucile E. Hoyt Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Infarction, Myocardium — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Heart Disease — 4 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Nov. 28, 1953, to Dec. 19, 1953, that I last saw the deceased alive on Dec. 19, 1953, and that death occurred at 3:40 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T. L. MURPHY LT MC USNR, U.S.Naval Hospital, NNMC, Bethesda, Maryland. December 21, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** December 25, 1953 — **NAME OF CEMETERY OR CREMATORY** Arlington National Cemetery — **LOCATION** (City, town, or county) Arlington, (State) Virginia.

DATE REC'D BY LOCAL REGISTRAR December 21 1953 — **REGISTRAR'S SIGNATURE** Bray & Farrelly

24. FUNERAL DIRECTOR Joseph Gawler's Sons Funeral Home — **ADDRESS** 1730 Pennsylvania Avenue, N.W., Washington, D.C.

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, MD~~

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3704 Stewart Driveway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Chevy Chase
STREET ADDRESS (If rural give location) 3704 Stewart Driveway

3. NAME OF DECEASED: (First) PEARL (Middle) (Last) HUNTRESS
4. DATE OF DEATH: (Month) Dec. (Day) 28, (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
Female	White	Widowed	6-25-1876	77 yrs.	6	3		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	New York	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Willis Paige	Alice Paige

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Mr H. J. DeWane- Item" 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
433.1 Immediate cause	(a) Acute Congestive Heart Failure	3 Mon.
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) General Arteriosclerosis.	----
	DUE TO (c) Auricular Fibrillation	5 Yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 21, 19 53 to Dec. 28, , 19 53, that I last saw the deceased alive on Dec. 28, 19 53, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Gilbert B Rude M. D.	3900 Military Rd., N.W., Wash. D.C.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	12-29-53	Oakhill	Walworth Co., Wisconsin

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/29/53	Bessie M. Thompson	Roberts Dunphrey	Bethesda, Md.

VS. A15.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BONNAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 1 1/2 YRS
~~HOSPITAL OR~~ [redacted] STREET ADDRESS 1621 Parham Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1621 Parham Road.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Naomi Rebecca Iverson

4. DATE OF DEATH (Month) (Day) (Year) Dec 31 1953

5. SEX female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (separated) married

8. DATE OF BIRTH 7-13-83

9. AGE last birthday 70 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife nurse (R.N.)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Clinton County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME John M. Brewer

14. MOTHER'S MAIDEN NAME Catherine Stroup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS 7894 Ga. Ave. Dr Read N. Calvert Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X

Immediate cause (a) Metastatic carcinoma of Brain — 2 mos. +

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of glands of neck and mediastinum — about 1 yr

(c) Carcinoma of right breast; Ca. substernal thyroid? — 1 yr. +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastatic carcinoma 2nd Lumbar vertebra — about 1 yr

19a. DATE OF OPERATION May 8, 1953

19b. MAJOR FINDINGS OF OPERATION Carcinoma glands right posterior triangle of neck.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-30, 1953, to 12-31, 1953, that I last saw the deceased alive on Dec 29, 1953, and that death occurred at 8:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Read N. Calvert M.D. (M.D.) ADDRESS 7894 Ga. Ave Silver Spring Md. DATE SIGNED 12-31-53

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] DATE Jan 2, 1954 NAME OF CEMETERY OR CREMATORY George Washington Cem. LOCATION (City, town, or county) Riggs Rd. Hyattsville Pr. Geo. Md. (State)

DATE REC'D BY LOCAL REG. 1-4-54 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR [illegible] Walters ADDRESS 254 CARRILL ST N.H. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

1

JAN 6 1
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1001 Mansion Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1001 Mansion Drive

3. NAME OF DECEASED: (Type or Print) (First) Karl (Middle) E. (Last) Jarrell
4. DATE OF DEATH (Month) Dec. (Day) 18 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec. 5, 1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Realtor
10b. KIND OF BUSINESS OR INDUSTRY: Own business
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Jarrell
14. MOTHER'S MAIDEN NAME: Anna Loffler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-18 53

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
DATE THEREOF 12/21 53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) WASHINGTON, Md.
DATE REC'D BY LOCAL REG. 12-21 53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 5 Gorham St NW. WASHINGTON, D.C.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 905 Melafield Place

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) Margaret (Last) JONES
4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 1953
5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-6-69
9. AGE Last birthday: 84 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Viet Liggold
14. MOTHER'S MAIDEN NAME: Margaret Thelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Marguerite Jones 3200 Tennyson St. Wash. D.C.

18. MEDICAL CERTIFICATION

Interval Between Onset And Death

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
584x
Immediate cause (a) Coronal Thrombosis
DUE TO (b) Left Hemiplegia
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (c) Cholecystectomy for Chronic Cholelithiasis
Operation performed in Good faith in Good Judgment

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/x ..., 1953, to 12/21 ..., 1953, that I last saw the deceased alive on 12/19, 1953, and that death occurred at 4:40 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Henry L. Dodd M.D. ADDRESS 2835 Eastern Ave DATE SIGNED Dec 23

23. BURIAL, CREMATION, REMOVAL (Specify)
DATH THEREOF Dec 24 1953
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Md
DATE REC'D BY LOCAL REGISTRAR Dec 27-1953
REGISTRAR'S SIGNATURE Joe Nelson Dodd
24. FUNERAL DIRECTOR Dent Funeral Home Inc. D.C.
ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1 PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring

LENGTH OF STAY (in this place): 3½ yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8105 Hartford Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring

STREET ADDRESS (If rural give location): 8105 Hartford Ave.

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) L. (Last) KLINE

4. DATE OF DEATH: (Month) DEC (Day) 3 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	10/9/1863	90 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter (retired)		Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stephanous Kline	Mary Jane Conrad

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
no	none	Mrs. Mabel Robertson, 8105 Hartford Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/7, 1951, to 12/3, 1953, that I last saw the deceased alive on 11/24, 1953, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dean L. Harding	M.D.	113 Carroll St NW, Wash DC	12/3/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/5/53	Colesville Cemetery	Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 4/53	Frances Tetter	Warner & Pumphrey	8434 Georgia Ave. Silver Spring, Md.

Dr. Frank J. Broschart, Coroner, notified by telephone and will approve.
D.H.H.

BUREAU V. S.
DEC 7 1943
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 2358

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural near Rockville
LENGTH OF STAY (in this place) 7-Months-26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 2801-Quebec St. N.W. Wash, D.C.

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) Emmerson (Last) Krug
4. DATE OF DEATH: (Month) December (Day) 26 (Year) 1953.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	Aug. 11-1858.	95 yrs.	4	15	—	—

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Her Home
11. BIRTHPLACE (State or foreign country): Albion-Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jesse Emmerson
14. MOTHER'S MAIDEN NAME: Louise Emmerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Marie Van Nuys — Wardman Park Hotel, D.C.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Bronchopneumonia —	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic myocardial insufficiency	10 days
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to Dec. 26, 1953, that I last saw the deceased alive on Dec. 25, 1953 and that death occurred at 4.50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wheeler O. Huff M. D. - 4529 Maple Ave, Bethesda, Md. Dec. 26-1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transit-Burial	12-27-53	Crown Hill Cemetery	Marion County, Indiana

DATE REC'D BY LOCAL REGISTRAR 12/26/53 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR [illegible] ADDRESS Bethesda, Md.

VS. A15.

DEC
BUREAU V. S.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Pinehurst Circle

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 8 Pinehurst Circle

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) Rosella (Last) Lantz
4. DATE OF DEATH (Month) Dec (Day) 15 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept. 22, 1908
9. AGE last birthday: 45 yrs
IF UNDER 1 YEAR: Months 2 Days 23
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Elmer Highberger
14. MOTHER'S MAIDEN NAME: Betty S. Schubert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Evans M. Lantz - Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

976X
Immediate cause (a) Thoracic hemorrhage due to
DUE TO
Antecedent cause(s) (b) bullet wound - left chest (heart)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21c. (City or town) Chevy Chase (County) Montg (State) md

21d. TIME OF INJURY (Month) Dec (Day) 15 (Year) 53 (Hour) 10:30 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Self inflicted pistol wound

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brosnahan M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-18-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. 12/16/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md.

DEC 21

BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, rural
LENGTH OF STAY (in this place) 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 4715 68th. Place

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) Ray (Last) Lee

4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: August 31 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months 3 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): St. Joe, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Ray
14. MOTHER'S MAIDEN NAME: Anna Barlow

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Husband: Benjamin G. Lee Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
Immediate cause (a) Heart Failure — Interval Between Onset And Death 6 mos.
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis Generalized Undet.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 26, 1953, to Dec. 8, 1953, that I last saw the deceased alive on Dec. 8, 1953, and that death occurred at 1245 PM, from the causes and on the date stated above.

SIGNATURE J. R. SHARMAN, LT MC USN, (Degree or title) U.S. Naval Hospital, NNMC, ADDRESS Bethesda, Maryland. DATE SIGNED December 9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF December 9, 1953
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematorium
LOCATION (City, town, or county) (State) Prince Georges County Md.

DATE REC'D BY LOCAL REGISTRAR December 9, 1953
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR W.W. CHAMBERS Funeral Home, ADDRESS 5801 Cleveland Avenue, Riverdale, Maryland.

RECEIVED
DEC 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Olney
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mont. Co. Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 12821 Baker Drive, Silver Spring #2

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) M (Last) Leibig Sr.

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/5/1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer - own farm

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levi M. Leibig

14. MOTHER'S MAIDEN NAME: Lisa Uly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Margaret Leibig, Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c) Angina pectoris — 8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Dec, 1953, that I last saw the deceased alive on Dec 5, 1953, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

SIGNATURE: A. D. Bonifant — (Degree or title): M.D. — ADDRESS: Sandy Spring, Md — DATE SIGNED: 12/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/8/53 — NAME OF CEMETERY OR CREMATORY: Bonifant Family Cemetery — LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-7-53 — REGISTRAR'S SIGNATURE: Gertrude Crowley

24. FUNERAL DIRECTOR: Warner & Humphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

VS. A15

RECEIVED
DEC 11
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1612 Arcola Avenue

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Celia (Last) Leiper
4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	7/17/83	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): New London, Conn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James J. Cavanaugh
14. MOTHER'S MAIDEN NAME: Mary Ellen Sherry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. Leslie J. Leiper, 1612 Arcola Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Heart Failure	about 12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	Several years
	(c) Arteriosclerotic Heart Disease	14 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Coronary Insufficiency

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1953, to Dec. 10, 1953, that I last saw the deceased alive on Dec. 8, 1953, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
× Ann T. Funaro, M.D. 1746-K Forest Glen Rd. Silver Spring, Md. Dec. 12, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/14/53	Cedar Hill Cemetery	Prince Geo. County, Md.

DATE REC'D BY LOCAL REG. Dec 15 1953
REGISTRAR'S SIGNATURE J. Thomas Dodd
24. FUNERAL DIRECTOR Wisner & Purcell ADDRESS 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrett Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Park Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 10620 Parkwood Drive

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) E. (Last) LEONARD
4. DATE OF DEATH (Month) Dec. (Day) 7 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 6/8/1940
9. AGE Last birthday: 13 yrs. IF UNDER 1 YEAR Months 5 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gladden R. Leonard
14. MOTHER'S MAIDEN NAME: Margaret Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: S.A.Nash, 1425 Chapin St. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Crushed Skull - Multiple	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	fractures, extreme	death
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY highway
21c. (City or town) Kensington (County) Montg (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12 7 53 8:45 A. M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Pedestrian - Struck by Truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bostrad M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12/9/53
NAME OF CEMETERY OR CREMATORY Arlington
LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REG. 12/9/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR W.W.Chambers
ADDRESS Washington, D.C.

VS. A15A - 5 - 53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) D. A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ad State Inn X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1240 Irvin St., N.W.

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) B. (Last) Lucas
4. DATE OF DEATH (Month) Jan (Day) 29 (Year) 1953
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Mar. 12, 1900
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fairford, Ala.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Crowell Lucas
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Eunice Hardeman 1240 Irving St. N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

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Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.C. ADDRESS Gaithersburg Md DATE SIGNED 12-30-53

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF Jan 2, 1953
NAME OF CEMETERY OR CREMATORY Lincoln Memorial
LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. 12-30-53
REGISTRAR'S SIGNATURE Helen S. Eckenfelder Ag.
24. FUNERAL DIRECTOR Robert G. McGuire ADDRESS 1820-9th St N.W. Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6515-79th. Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John
STREET ADDRESS (If rural give location) 6515-79th. Place

3. NAME OF DECEASED: (Type or Print) (First) ODIE (Middle) (Last) LYNCH

4. DATE OF DEATH: (Month) Dec. (Day) 24, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Dec. 16, 1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months 0 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, Even if Retired: Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: Public Roads

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Martin VanB. Lynch

14. MOTHER'S MAIDEN NAME: Susan Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Annie E. Lynch- Item # 2

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 6 weeks
DUE TO (c) Arteriosclerosis — 10 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1936, to 24 Oct, 1953, that I last saw the deceased alive on 23 Oct, 1953, and that death occurred at 9:40 AM from the causes and on the date stated above.

SIGNATURE J. C. Murphy (Degree or title) M.D. ADDRESS Rockville Md DATE SIGNED 28 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-28-53 — NAME OF CEMETERY OR CREMATORY Ft. Lincoln — LOCATION (City, town, or county) (State) Prince George Co., Md.

DATE REC'D BY LOCAL REGISTRAR 12/28/53 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR Robert A. Pumphrey — ADDRESS Bethesda, Md.

VS. A15

Oct 1965

ECKLAD V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 716 Hudson Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 323 Ethan Allen Ave
STREET ADDRESS (If rural, give location) Takoma Park

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) (Last) MACKAY

4. DATE OF DEATH (Month) December (Day) 7 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 4, 1863
9. AGE last birthday 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Setters Mason
10b. KIND OF BUSINESS OR INDUSTRY Building Trades
11. BIRTHPLACE (State or foreign country) Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Angus MacKay
14. MOTHER'S MAIDEN NAME Mary Ware

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS George MacKay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
440X Immediate cause	(a) Cardiac Decompensation	3-4 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to 7 Dec, 1953 that I last saw the deceased alive on 25 Nov, 1953, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE William D Aud (Degree or title) MD ADDRESS Silver Spring Md DATE SIGNED 7 Dec '53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 9, 1953
NAME OF CEMETERY OR CREMATORY F.F. Lincoln Cemetery
LOCATION (City, town, or county) Blairsburg Rd Pr Geo Co. (State) Md.

DATE REC'D BY LOCAL REG. Dec 7-1953
REGISTRAR'S SIGNATURE J Wilson Dodd
24. FUNERAL DIRECTOR Arthur S Walters ADDRESS 254 Carroll St N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 10 1953
BUREAU V, S.

Film#G160 Item# 7 12/18/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7100 Sycamore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wash.
STREET ADDRESS (If rural give location) 325 Channing St N.E.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) (Last) Martin
4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 1953

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Mar 27 1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Linotype Operator
11. BIRTHPLACE (State or foreign country): Brooklyn N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Martin
14. MOTHER'S MAIDEN NAME: Eliza Cassidy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. E.G. Purdy - 1310 Allison NE Wash DC

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic Pneumonia — Interval Between Onset And Death 12/7/53

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chr Degeneration Myocarditis with failure — 2 Mo by History

DUE TO (c) Gen Arteriosclerosis

4220.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7, 1953 to 12/12, 1953 that I last saw the deceased alive on 12/10, 1953, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard I Moise M.D. ADDRESS 7030 Carroll Ave Takoma Park Md DATE SIGNED 12/12/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/15/53
NAME OF CEMETERY OR CREMATORY St. Mary's
LOCATION (City, town, or county) (State) Lincoln Rd. NE Wash. D.C.
DATE REC'D BY LOCAL REGISTRAR Dec. 12 1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR T. F. Costello ADDRESS 1722 - N. Capital St Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21[illegible]

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): [illegible] rural

LENGTH OF STAY (in this place): 1 [illegible]

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE [illegible] COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Brunswick

STREET ADDRESS (If rural give location): 719 Norwich Street

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Warren (Last) Mathis

4. DATE OF DEATH: (Month) December (Day) [illegible] (Year) 19[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: September 5, 1953

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 3, Days 23; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Larry Owen Mathis

14. MOTHER'S MAIDEN NAME: Rebecca Girtman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father: Larry W. Mathis Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

752X

Immediate cause (a) Hydrocephalus, congenital

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: Birth

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 30, 19 53, to Dec. 28, 19 53, that I last saw the deceased alive on Dec. 29, 19 53, and that death occurred at 6:35 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] LT MC USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland. December 29, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial

DATE THEREOF: December 29, 1953

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Brunswick, Georgia

DATE REC'D BY LOCAL REGISTRAR: December 29, 1953

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS: Chevy Chase Funeral Home, [illegible] Wisconsin Avenue, N.W., Washington, D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8513 Carroll Ave.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) William (Last) McAllister

4. DATE OF DEATH (Month) (Day) (Year): 12 - 24 - 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 10-1-04

9. AGE last birthday: 49 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. McAllister

14. MOTHER'S MAIDEN NAME: Sallie Easton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: wife Mrs Josabella McAllister - same as above

MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Insufficiency (heart failure) — Interval Between Onset and Death: 12 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary artery Thrombosis with — 12 months

(c) myocardial infarction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 29, 1953, to Dec 24, 1953, that I last saw the deceased alive on Dec 23, 1953, and that death occurred at 4:35 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leon H. Traum M.D. 8237 Georgia Ave Silver Spring Md. 12-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 26, 53 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, Town, or County) (State): Bladensburg, Md.

DATE REC'D BY LOCAL REG. Dec 24 1953 — REGISTRAR'S SIGNATURE J. Hilton Wood

24. FUNERAL DIRECTOR — ADDRESS: Deal Funeral Home, Washington, D.C.

MARGIN RESERVED FOR BINDING

DEC
BUREAU V. S.

Items 1a, Film G100 12-24-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Good Hope, Rural — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Rfd

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) A (Last) McAllister

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1953

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: Oct. 4 1890

9. AGE last birthday: 63 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm + Roads

11. BIRTHPLACE (State or foreign country): Monty. Co Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Albert McAllister

14. MOTHER'S MAIDEN NAME: Rachael Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

4th IX

Immediate cause (a) Coronary Thrombosis or — DUE TO — during sleep

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Rupture Aortic Aneurysm — DUE TO

(c) Aneurysm and Hypertensive Disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.2.5. 1925 to 12-3. 1953 that I last saw the deceased alive on Dec 2. 1953 and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE Webster Sewell (DEGREE OR TITLE) M.D. ADDRESS Silver Spring DATE SIGNED 12.6.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 7/53 — NAME OF CEMETERY OR CREMATORY Good Hope — LOCATION (City, town, county) (State) Colesville Md

DATE REC'D BY LOCAL REG. Dec 7/53 — REGISTRAR'S SIGNATURE Frances Potter — FUNERAL DIRECTOR Robert P. Snowden — ADDRESS Rockville Md

VS. A15 8-51

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

copy

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4709 Chestnut St.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Lawrence (Last) McArdle
4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 7-2 86
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.O.
13. FATHER'S NAME: Michael J McArdle
14. MOTHER'S MAIDEN NAME: Julia Ann May
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X

Immediate cause (a) Pneumonia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma R. Kidney with Metastasis

DUE TO

(c)

Interval Between Onset And Death: 24 hrs. One year - plus

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1952, to Dec 24, 1953, that I last saw the deceased alive on Dec 23, 1953, and that death occurred at 2:00 am, from the causes and on the date stated above.

SIGNATURE Robert A Hare MD (Degree or title) ADDRESS Takoma Park, Md. DATE SIGNED 12-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12-28-53 NAME OF CEMETERY OR CREMATORY Mont Clair LOCATION (City, town or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR Dec 24-1953 REGISTRAR'S SIGNATURE Helen Dodd

24. FUNERAL DIRECTOR Robert A Sunghoney ADDRESS Bethesda Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda ✓
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington Md ✓
STREET ADDRESS (If rural give location) 10710 Casper St

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H (Last) McGilvery

4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 22 June 1916
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Government
10b. KIND OF BUSINESS OR INDUSTRY: CIA
11. BIRTHPLACE (State or foreign country): Boston Mass
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William McGilvery
14. MOTHER'S MAIDEN NAME: Carry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Macel McGilvery (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

441X

Immediate cause (a) UREMIA — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Nephritis from Hypertension — 2-4 wks?

DUE TO (c) Essential Hypertension, Malignant Phase — 6-7 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease & Long Failure — 1 mo

19a. DATE OF OPERATION: Aug 53
19b. MAJOR FINDINGS OF OPERATION: Bilat dorsal sympathectomy
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Nov, 1953, to 3 Dec, 1953, that I last saw the deceased alive on 3 Dec, 1953, and that death occurred at 9 15 PM from the causes and on the date stated above.

SIGNATURE Martin T. White (Degree or title) M.D. ADDRESS 9407 Georgia Ave Silver Springs Md DATE SIGNED 3 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 12-3-53
NAME OF CEMETERY OR CREMATORY Arlington Nat. Cem.
LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REGISTRAR 12/5/53
REGISTRAR'S SIGNATURE Bessie M. Henderson
24. FUNERAL DIRECTOR Lee F. H. — 300 - 4th St NE ADDRESS

These [illegible] is meant [illegible] to complete [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 7 1953

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The date of birth is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA
LENGTH OF STAY (in this place) 18 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA
STREET ADDRESS (If rural give location) 303 WILLARD AVE

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) AGNES (Last) MC NALLY

4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 1953

5. SEX: FEMAL

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 3/17/70

9. AGE Last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED CLERK

10b. KIND OF BUSINESS OR INDUSTRY: U.S. GOV'T

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN MC NALLY

14. MOTHER'S MAIDEN NAME: MARY ?

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Joseph A Dowling 1414 Juniper St. Wash. DC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral Hemorrhage (apoplexy) — Interval Between Onset And Death: 3 wk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Essential Hypertension — about 10 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1953, to Dec. 11, 1953, that I last saw the deceased alive on Dec. 11, 1953, and that death occurred at 4:05 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Leo M. Curtis M.D.
ADDRESS 5707 Wisconsin Ave, Chevy Chase Md.
DATE SIGNED Dec 11, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/15/53
NAME OF CEMETERY OR CREMATORY Holy Rood Cemetery
LOCATION (City, town, or county) Wheaton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12/14/53
REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Francis J Collins
ADDRESS 3821-14th St NW. Wash. DC.

VS. A15

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BUREAU V.

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 166 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center National Institutes of Health	STREET ADDRESS (If rural, give location): 313 W. Preston St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sally		McQueen	Dec.	19	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	Negro	Married	Nov. 29, 1901	49 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	-	South Carolina	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Shell	Janie Burnside

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	-	none	The medical record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X

Immediate cause (a) Carcinoma of the breast with metastases to lymph nodes.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)....

(c)....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute pyelonephritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	- - -	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
-	-	-	-	-

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
-	-	-	m.	-	-

22. I hereby certify that I attended the deceased from July 6., 1953., to Dec. 19., 1953., that I last saw the deceased alive on Dec. 19., 1953, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Stanley Green M.D. Sen. Asst. Surg. U.S.P.H.S. (R.)	Clinical Center Bethesda, Md.	12/19/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12/21/53		Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/21/53	Bessie M. Thompson	Mrs Katie R. Williams	322 N. Schroeder St. Balto. 23. Md.

RE[illegible]
DEC [illegible]
BUREAU V[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash. D.C.
STREET ADDRESS (If rural give location) 510 Missouri Ave. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Franklin (Middle) Mert (Last) Megby

4. DATE OF DEATH: (Month) 12 (Day) 3 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 1-15-87
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Manager
10b. KIND OF BUSINESS OR INDUSTRY: General Store
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.C.

13. FATHER'S NAME: Frank Megby
14. MOTHER'S MAIDEN NAME: Rosanna Burdine

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

4201

Immediate cause (a) heart failure, old myocardial infarction
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) bilateral pneumonia + status
DUE TO asthmaticus. —
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20, 1953, to 12/3, 1953, that I last saw the deceased alive on 12/3, 1953, and that death occurred at 6.35 am., from the causes and on the date stated above.

SIGNATURE Dr. Philip Aloeimeno (Degree or title) M.D. ADDRESS 5911 16th St. N.W. Wash. D.C. DATE SIGNED 12/3/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-5-53
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Blandensburg (State) Md
DATE REC'D BY LOCAL REGISTRAR Dec 3-1953
REGISTRAR'S SIGNATURE F. Wilson Dodd
24. FUNERAL DIRECTOR J. William Lee & Sons ADDRESS 300-4 St. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; MARYLAND; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington DC. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC.; STREET ADDRESS (If rural, give location) 71 Victor St. N.E.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Herman (Last) Meiners

4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-26-84

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Meiners

14. MOTHER'S MAIDEN NAME: Rebecca Schmerz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral thrombosis — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardio-vascular disease — Unknown

(c) Arteriosclerosis, Cerebral + general — Unknown

(260X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21, 1953, to Dec 24, 1953, that I last saw the deceased alive on Dec 24, 1953, and that death occurred at 9:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Vance J. Maloney Jr. M.D Takoma Park Md. Dec 24 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 12/28/53 — NAME OF CEMETERY OR CREMATORY Rock Creek — LOCATION (City, town, or county) (State) Washington D C

DATE REC'D BY LOCAL REG. Dec 24-1953 — REGISTRAR'S SIGNATURE John Doyle

24. FUNERAL DIRECTOR Frank Geiers, Sons Co — ADDRESS 3605-14 nw Wash. D.C.

BUREAU V. S.

Item 21 Film G160 12-24-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 345

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 20 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 3500 14th. Street, N.W.,

3. NAME OF DECEASED: (First) Maximillian (Middle) (Last) Metzger
4. DATE OF DEATH: (Month) December (Day) 2 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: January 11 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 10 Days 21 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): U.S.Marines
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Marines
11. BIRTHPLACE (State or foreign country): Berlin Germany
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Frank Metzger
14. MOTHER'S MAIDEN NAME: Unknown
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: 27 Girard Street, N.E., Son: Joseph F. Metzger: Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Emboli-Multiple-Massive — Interval Between Onset And Death: 4 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Phlebothrombosis Right lower extremity — 8 hrs
DUE TO (c) Fracture, simple Right femur-intertrochanteric — 21 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-14-53
19b. MAJOR FINDINGS OF OPERATION: Open Reduction - Jewett nailing Right Hip
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Washington (COUNTY) (STATE) DC
TIME OF INJURY (Month) Nov. (Day) 12 (Year) 1953 (Hour) 9 p.m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Twisted rt.hip and fell over curbing of street

22. I hereby certify that I attended the deceased from Nov. 12, 1953, to Dec. 2, 1953, that I last saw the deceased alive on Dec. 2, 19 53, and that death occurred at 12:10 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. C. Brady
W. C. BRADY, LT MC USN U.S.Naval Hospital,NNMC,Bethesda, Maryland. December 7 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF December 4 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR December 7, 1953
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS S.H. HINES, FUNERAL HOME, 2901 14th. Street, N.W., Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 9
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 00 A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9214 Manchester Rd. S.

3. NAME OF DECEASED: (Type or Print) (First) Manta (Middle) Charlotte (Last) Morgan

4. DATE OF DEATH (Month) Dec. (Day) 27 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Nov 14 1939
9. AGE last birthday: 14 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): School girl
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Theodore Morgan
14. MOTHER'S MAIDEN NAME: Bertha Leonard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Daniel T. Morgan — Silver Spring, Md. 9214 Manchester Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

928.4

Immediate cause (a) Central hemorrhage DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Crushed skull DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: D.A.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ **or CONTRIBUTING** ☐ **CAUSE OF DEATH.**
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Riding stable
21c. (City or town) Silver Spring (County) Monty (State) Md
21d. TIME OF INJURY (Month) 12-27 (Day) 53 (Year) — (Hour) 11 00 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Was riding horse. Horse fell on injured

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Burchart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Dec. 30, 1953
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 12/30/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR [illegible]
ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 Lauer Court

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 23 Lauer Ct

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Russell (Last) Moyer

4. DATE OF DEATH: (Month) Dec (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 23, 1904

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Engineer

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Government

11. BIRTHPLACE (State or foreign country): Reading Pa

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George B. Moyer

14. MOTHER'S MAIDEN NAME: Mary E. Moyer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 183-09-1171

17. INFORMANT & ADDRESS: Forrest E. Moyer 10120-Tenbrook Drive-S.S.Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 1 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

420.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1 ,1947, to Dec 29 , 1953, that I last saw the deceased alive on Dec 15 , 1953, and that death occurred at 4:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. B. Wardrop MD 837 Bonifant St. Silver Spring Md 12/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial — DATE THEREOF 12/21/53 — NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery — LOCATION (City, town, or county) (State) Caldwell, Essex Co., New Jersey

DATE REC'D BY LOCAL REGISTRAR 12-21-53 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Elsner & Pumphrey — ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 Baltimore Av.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural, give location) 1303 Columbia Road ✓

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Francis (Last) Mullaly

4. DATE OF DEATH: (Month) Dec. (Day) 14, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 3 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Mullaly
14. MOTHER'S MAIDEN NAME: Catherine Croghan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: M. Helen Mullaly, 8203 Grubb Rd. Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	420.0	(a) Coronary thrombosis	20 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO	(b) Arteriosclerotic Heart Disease	Years
	DUE TO	(c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Inanition — 10 mo. +

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16, 1953, to Dec. 14, 1953, that I last saw the deceased alive on Dec. 14, 1953, and that death occurred at 8:12 P.m., from the causes and on the date stated above.

SIGNATURE Wallace N. Mook M.D. (DEGREE OR TITLE) ADDRESS 7701 Carroll Ave. Takoma Pk. Md. DATE SIGNED 12-14-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12-16-53
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) Washington (State) DC
DATE REC'D BY LOCAL REG. Dec. 14-1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14th St. N.W. Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write and give nearest town) OR TOWN Takoma Park
RURAL LENGTH OF STAY (in this place) 17 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 8402 Georgia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Elvina (Middle) Genera (Last) Neal
4. DATE OF DEATH: (Month) 12 (Day) 5 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 3-29-69
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Davis
14. MOTHER'S MAIDEN NAME: Emmie Brown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
442 X
Immediate cause (a) Pyelonephritis = Septicemia — Interval Between Onset And Death: 6 wks.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Advanced Arteriosclerosis = Nephrosclerosis — 10 yrs.
DUE TO
(c) Cholecystitis = Cholelithiasis — 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1939, to Dec 5, 1953, that I last saw the deceased alive on 12-5-1953, and that death occurred at 2:05 am, from the causes and on the date stated above.
SIGNATURE (Degree or title) Kenneth Baughlin DDD
ADDRESS 934 Ellsworth Dr Silver Spring
DATE SIGNED Md 12-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF December 7, 1953
NAME OF CEMETERY OR CREMATORY George Washington Cemetery
LOCATION (City, town, or county) Prince George County (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec 5-1953
REGISTRAR'S SIGNATURE J. Arthur Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW
ADDRESS Takoma Park Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Forest Glen Villa X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1320 Fairmont St N.W

3. NAME OF DECEASED (Type or Print): (First) Mildred (Middle) (Last) Nyman
4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 53 19
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 17 1882
9. AGE last birthday: 71 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles F. Neyman
14. MOTHER'S MAIDEN NAME: Harriet Myers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Martha J. Latta, Director of Forest Glen Villa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 25 1946, to Dec 18, 1953, that I last saw the deceased alive on Dec 18, 1953, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Allen Pancoast Md 4000 - 16th St N.W. Wash D.C. 12/18/53

23. ~~BURIAL~~, CREMATION, REMOVAL (Specify): DATE THEREOF 12-19-53; NAME OF CEMETERY OR CREMATORY Zoo Crematory; LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 12-21-53; REGISTRAR'S SIGNATURE Frances Potter; 24. FUNERAL DIRECTOR J. W. Deaton Co; ADDRESS 3300-4th St Wash. D.C.

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DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 10135 Montreal Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Arthur (Last) Palmer

4. DATE OF DEATH (Month) Dec (Day) 23 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH:
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Palmer
14. MOTHER'S MAIDEN NAME: Laura Bowman ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: 1010 P St. N.W. Laura Ruth Jackson Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 812 X

Immediate cause (a) Thoracic hemorrhage
DUE TO
Antecedent cause(s) (b) Crushed Chest
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 1 1/4 hrs.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ **or CONTRIBUTING** ☐ **CAUSE OF DEATH.**
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) highway
21c. (City or town) Bethesda (County) Monty (State) Md
21d. TIME OF INJURY (Month) 12-23 (Day) 53 (Year) 7:45 P (Hour) M.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR? Pedestrian - Struck by auto

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-23 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12-28-53
NAME OF CEMETERY OR CREMATORY Lincoln Memorial Cemetery
LOCATION (City, town, or county) Suitland, (State) Maryland

DATE REC'D BY LOCAL REG. 12/26/53
REGISTRAR'S SIGNATURE Bessie H. Thompson
24. FUNERAL DIRECTOR John T Stewart ADDRESS 30 H St NE Washington

VS. A15A-5-53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural
LENGTH OF STAY (in this place): 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brandywine
STREET ADDRESS (If rural give location): Route "2 Box "[illegible]

3. NAME OF DECEASED: (Type or Print) (First) Timothy (Middle) Hill (Last) Parker

4. DATE OF DEATH: (Month) December (Day) 19 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: April 8 1952

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months 8 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles H. Parker

14. MOTHER'S MAIDEN NAME: Dorothy Jane Hill

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Charles H. Parker (Father) Same as 2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 24 hrs.

Immediate cause (a) ..... Acute laryngo tracheo bronchitis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) .....

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Dec. 19, 1953, to Dec. 19, 1953, that I last saw the deceased alive on Dec. 19, 1953, and that death occurred at 1:35 PM., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED: December 21, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | **DATE THEREOF** December 23, 1953 | **NAME OF CEMETERY OR CREMATORY** Arlington National Cemetery | **LOCATION** (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR December 21 1953 | **REGISTRAR'S SIGNATURE** [signature]

24. FUNERAL DIRECTOR R.A. Pumphrey Funeral Home | **ADDRESS** 7557 Wisconsin Avenue, Bethesda, Maryland.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural
LENGTH OF STAY (in this place): 30 Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 6125 33rd. Street, N.W.,

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Sterling (Last) Parsons

4. DATE OF DEATH: (Month) December (Day) 5 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: November 26 1901

9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR: Months 0 Days 9 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hay Robert Parsons

14. MOTHER'S MAIDEN NAME: Clara DoLittle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wife: Martha C. Parsons Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 8 hours.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) arteriosclerotic Heart Disease — Interval Between Onset And Death: Not known.

DUE TO (c)

420.0

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5, 19 53, to Dec. 5, 19 53, that I last saw the deceased alive on Dec. 5, 1953, and that death occurred at 10:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) R. J. WHIPPLE, CDR MC USN — ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland. — DATE SIGNED December 7 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF December 8 1953 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR December 7 1953 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS R.A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12386

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (In this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural (R-3)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg (Rural)
STREET ADDRESS (If rural, give location) R-3

3. NAME OF DECEASED (Type or Print) (First) Lawrence (Middle) R. (Last) Pearl
4. DATE OF DEATH (Month) Dec (Day) 20 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Feb 2-1877
9. AGE last birthday 76 yrs. If under 1 year Months 10 Days 18 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sofour
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) Pike Co. Indiana
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edward Pearl
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Michael M. Pearl Youngstown Ohio

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 12-20-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/23/53
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) Gaithersburg (State) Md

DATE REC'D BY LOCAL REG. Dec 21, 1953
REGISTRAR'S SIGNATURE Alsuda G. Cooke
24. FUNERAL DIRECTOR E. C. Gartner ADDRESS Gaithersburg Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural
LENGTH OF STAY (in this place): 2 months 20 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington
STREET ADDRESS (If rural give location): 506 Columbia Road N.W.,

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) Tyree (Last) Pogue

4. DATE OF DEATH: (Month) December (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 11, 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months 8 Days 12 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Postal Employee
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government
11. BIRTHPLACE (State or foreign country): Fincastle Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Pogue
14. MOTHER'S MAIDEN NAME: Lucy J. Payne

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wife: Sarah J.C. Pogue Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1578

Immediate cause (a) Carcinoma of the Pancreas — Interval Between Onset And Death: 5 months

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of the Pancreas — 5 months

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 25, 1953, to Dec. 23, 1953, that I last saw the deceased alive on Dec. 23, 1953, and that death occurred at 6:50 AM, from the causes and on the date stated above.

SIGNATURE: G.W. Russell (Degree or title) ADDRESS: G.W. RUSSELL, CDR MC USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED: December 24, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: December 29, 1953
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR: December 24, 1953
REGISTRAR'S SIGNATURE: Mary C. Farrelly

24. FUNERAL DIRECTOR ADDRESS: W.E. JARVIS, Funeral Home, 1432 U Street, N.W., Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416

RECEIVED
DEC [illegible] 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10207 Frederick Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington

STREET ADDRESS (If rural, give location) 10207 Frederick Avenue

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) L. (Last) POWELL

4. DATE OF DEATH (Month) Dec. (Day) 2 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 27, 1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months 11 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired-self-em.

11. BIRTHPLACE (State or foreign country): Clark Co. Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Powell

14. MOTHER'S MAIDEN NAME: Susan Kindred

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. May Campbell - Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-transit

DATE THEREOF 12/2/53

NAME OF CEMETERY OR CREMATORY Winchester

LOCATION (City, town, or county) (State) Clark County Kentucky

DATE REC'D BY LOCAL REG. 12/2/53

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roberts A. Pumphrey

ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

BUREAU V. S.

Film 7160 Item 11 12/15/53 mnb

MARYLAND STATE DEPARTMENT OF HEALTH ~~BALTIMORE~~,

CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street address is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) R. (Last) RIDGELY

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5/21/1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months 6 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Repp

14. MOTHER'S MAIDEN NAME: Rachael Hartsock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. R.H.Gates - Same Item #2

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
451 X Immediate cause	(a) Rupture of myocardium	2 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Aneurism of descending aorta with thrombus	5 days & 4 mos.
	DUE TO (c) arter. & athero sclerosis	2+ yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Obesity	15+ yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/47 ..., 1953, to Dec 8, 1953, that I last saw the deceased alive on Dec 8, 1953, and that death occurred at 11:40 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.H. Richwine M.D. 5532 Western Ave Chevy Chase MD 8 Dec. 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12/11/53

NAME OF CEMETERY OR CREMATORY Glenwood

LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REGISTRAR Dec 9-53

REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR Robert B. Pumphrey

ADDRESS Bethesda, Md.

VS. A15

RECEIVED
DEC 11
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 315

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 109 Galveston Place, S.W.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Rippey
4. DATE OF DEATH: (Month) December (Day) 10 (Year) 19 53
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: December 10,1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 47
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Greeley F. Rippey
14. MOTHER'S MAIDEN NAME: Frances Young
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Father:Greeley F. Rippey Same as 2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0
Immediate cause (a) Atelectasis Congenital — Interval Between Onset And Death 2 hrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 0418 Dec.10, 19 53, to 0605 Dec. 10, 1953, that I last saw the deceased alive on Dec. 10 1953, and that death occurred at 0605, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
P.G. Hoveman, LT MC USN U.S.Naval Hospital NNMC, Bethesda, Maryland December 11 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec., 14, 1953
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REGISTRAR December 11,1953
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R.A.Pumphrey Funeral Home, 7557 Wisconsin Ave., Bethesda, Maryland

20V3452385

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-16

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8000 Piney Branch Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 9237 Riggs Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) M. (Last) Robbins

4. DATE OF DEATH: (Month) Dec. (Day) 1, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 1, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY: Church
11. BIRTHPLACE (State or foreign country): Connellsville, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew S. Robbins
14. MOTHER'S MAIDEN NAME: Susan Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Mary Jane Robbins, Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 204.0

Immediate cause (a) Leukemia, lymphocytic, aleukemic — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.+

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-24, 1953, to 12-1, 1953, that I last saw the deceased alive on Dec. 1, 1953, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE Wallace N. Mook (DEGREE OR TITLE) M.D. ADDRESS 7701 Carroll Ave. Takoma Pk. Md. DATE SIGNED 12-1-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Dec 4, 1953
NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery
LOCATION (City, town, or county) Connellsville, Fayette Co. (State) Penna

DATE REC'D BY LOCAL REG. Dec 2/53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Arthur S. Walters ADDRESS 254 Carroll St. N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC 7
BUREAU V. S.

12392

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma PK
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Son & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Pk
STREET ADDRESS (If rural give location) 1007 Heather ave

3. NAME OF DECEASED: (Type or Print) (First) Thelma (Middle) Marie (Last) Rusk
4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-15-1911
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas Crooke
14. MOTHER'S MAIDEN NAME: Nora La Vigne

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS Mr. Royce Lee Rusk Husband - 1007 - Heather Ave TK PK Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage - Intestinal — Interval Between Onset And Death: 6 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma cervix — 1½ yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastases to 5th lumbar vertebrae

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11.30, 1953, to 12.4, 1953, that I last saw the deceased alive on 12.4, 1953, and that death occurred at 9.25AM, from the causes and on the date stated above.

SIGNATURE Stanley Paul Brown (Degree or title) MD. ADDRESS 300 - Hamilton St. N.W. Wash. DC DATE SIGNED 4.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/7/53
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR Dec 8th 1953
REGISTRAR'S SIGNATURE J Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey Inc ADDRESS Silver Spring, Md. 8434 - Ge. ave., S.S. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC
BUREAU V. S.

12393

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1902 Dayton St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1902 Dayton St.

3. NAME OF DECEASED: (Type or Print) (First) Eleanor (Middle) Agnes (Last) Sellner

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1/2/95

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Beltsville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Ownes

14. MOTHER'S MAIDEN NAME: Mary O. Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 577-10-3915

17. INFORMANT & ADDRESS: Mrs. Frank C. Daniels, 1902 Dayton St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 199.3

Immediate cause (a) Metastatic Carcinoma to Ileum — INTERVAL BETWEEN ONSET AND DEATH: 6 months

DUE TO

Antecedent cause(s) (b) and generalized none Metastases

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (c) Site of origin undetermined Generalized Arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8 1953, to Dec 8, 1953 that I last saw the deceased alive on Dec 8, 1953 and that death occurred at 10:45 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[illegible] 1301 Georgia Ave. Md. 8 Dec 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12/11/53

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery

LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.: Dec 10/53

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey, 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115 8-51

RECEIVED
DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 32½ Da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Mar Park
STREET ADDRESS (If rural give location) 5207 Belvoir Drive.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) May (Last) Shook
4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	W. Roused	June 24 1868	85 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James B Elliott
14. MOTHER'S MAIDEN NAME: Elizabeth Burntrager

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: 6403 Oakridge St Son Donald Shook - Chevy Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X
Immediate cause (a) Carcinomatosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of sigmoid
DUE TO
(c)

Interval Between Onset And Death: 12 mos. (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) —
(COUNTY) —
(STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 28, 1953, to Dec. 31, 1953, that I last saw the deceased alive on Dec. 31, 1953, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George A. Gray, Jr. M.D.
ADDRESS 104 Chevy Chase Dr. Chevy Chase, Md.
DATE SIGNED 12/31/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 2 1954	Ft. Lincoln	Washington	D.C.

DATE REC'D BY LOCAL REGISTRAR 1/1/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roberts A. Pumphrey
ADDRESS Bethesda, Md

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural

LENGTH OF STAY (in this place) 3 Hrs. 2[illegible] Min.

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia COUNTY [illegible]

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria

STREET ADDRESS (If rural give location) 724 North Iverson Street

3. NAME OF DECEASED: (Type or Print) (First) Dale (Middle) (Last) Simpson

4. DATE OF DEATH: (Month) December (Day) 18 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	December 18, 1953	0 yrs.	0	0	3	25

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Bethesda, Maryland	U.S.

13. FATHER'S NAME: Lawrence E. Simpson Jr.

14. MOTHER'S MAIDEN NAME: Elanor Brezec

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		Same as #2 Father: Lawrence E. Simpson Jr. Above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

770.0

Immediate cause (a) Anoxia (during exchange transfusion)

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ..... DUE TO

(c) Erythroblastosis fetalis

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 18, 1953, to Dec. 18, 1953, that I last saw the deceased alive on Dec. 18 1953, and that death occurred at 2:50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[illegible] D.J. PASCOE, LT.MC USN	U.S.Naval Hospital, NNMC, Bethesda, Maryland.	December 21, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	December 22, 1953	Arlington National Cemetery	Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
December 21 1953	Mary E. Farrelly	R.A. Pumphrey Funeral Home	7557 Wisconsin Avenue, Bethesda, Maryland.

20V3232394 P

VS.-A15

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural

LENGTH OF STAY (in this place): 7 Hrs. 33 Min.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE District Columbia — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington V 48.2

STREET ADDRESS (If rural give location): 2 Compass Green S.I. V

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Baby	Girl	Sinclair	December 11 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	single	December 11, 1953	0 yrs.	0	0	7	33

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Bethesda, Maryland.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Craig A. Sinclair	Doris Mae Stanfield

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		Father: Craig A. Sinclair Same as 2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Arrest (during exchange transfusion) — Interval Between Onset And Death: 7½ hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Erythroblastosis

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒ X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 11, 1953, to Dec. 11, 1953, that I last saw the deceased alive on Dec. 11, 1953, and that death occurred at 1:50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
D. J. PRICE, LT MC USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland		December 14, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	December 16, 1953	Arlington National Cemetery	Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
December 14, 1953	Mary E. Tennis	R.A. Pumphr Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

20V3243344

DEC 15 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (In this place) 20 A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS B&O RR & John Brown Memorial Bridge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~[illegible]~~ Bethesda, Md.
STREET ADDRESS (If rural, give location) 4812 North Lane X

3. NAME OF DECEASED (Type or Print) (First) George (Middle) William (Last) Skinner
4. DATE OF DEATH (Month) Dec (Day) 7 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 11-12-1927
9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]
13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME Willie Belle [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushed Skull (Head nearly decapitated)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY B&O RR (CITY OR TOWN) Rockville (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour) 12-7-53 - 2:50 Am.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Head lying on track when struck by train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brockhart M.D. ADDRESS Gaithersburg md DATE SIGNED 12-7-53

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] DATE THEREOF [illegible] NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) [illegible]
DATE REC'D BY LOCAL REG. 12-7-53 REGISTRAR'S SIGNATURE Helen S. Eckenfelder
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montg. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) 18 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 5021 Cushing Dr.

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) Antoinette (Last) Skinner

4. DATE OF DEATH: (Month) (Day) (Year) 12-29 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 4 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E Brooks
14. MOTHER'S MAIDEN NAME: Mollie Wylie

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Wm. H. Skinner 5021 Cushing Dr. Kensington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary Occlusion, Myocardial Infarction — Interval Between Onset and Death: 2 days
DUE TO
Antecedent cause(s) (b) Generalized Arteriosclerosis — years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Essential Hypertension years Diabetes Mellitus 3 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1953, to Dec. 29 1953, that I last saw the deceased alive on Dec. 27, 1953, and that death occurred at 10.45 p.m., from the causes and on the date stated above.

SIGNATURE John Curry (DEGREE OR TITLE) M.D. ADDRESS 11301 Georgia Ave DATE SIGNED Dec 29 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 1-2-1954
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REG. 12/30/53
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2801-14th St N.W. Wash D.C.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
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BUREAU V. S.

Film#G160 Item# 1 12/22/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 4613 Merivale Road
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 4613 Merivale Rd

3. NAME OF DECEASED: (Type or Print) (First) Marvel (Middle) Douglas (Last) Sandlewood
4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 10 1908
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pittsburgh Pa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henderson Black Douglas
14. MOTHER'S MAIDEN NAME: Juanita Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: 4613 Merivale Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
171X
Immediate cause (a) Carcinoma of Cervix — Interval Between Onset And Death: 2 mo
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastasis to Liver — 6 mo
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1952 to Dec 11, 1953, that I last saw the deceased alive on Dec 11, 1953 and that death occurred at 11:06 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) C. T. Kreglow, M.D. ADDRESS 1801 - Eye St NW DATE SIGNED 12/12/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 12/14/53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Sutlano (State) Md
DATE REC'D BY LOCAL REGISTRAR 12/14/53
REGISTRAR'S SIGNATURE Bessie M. Hoover
24. FUNERAL DIRECTOR Joseph Gawler Son ADDRESS 1756 Pa Ave NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 17 1943
BUREAU V. C

12400

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 821 Thayer Ave.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Priscilla (Last) Smith

4. DATE OF DEATH (Month) Dec (Day) 16 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 5-10-82
9. AGE last birthday: 71 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLAC (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Fortier
14. MOTHER'S MAIDEN NAME: Rachel Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Old rec. Wash. Sanitarium & Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

171X Immediate cause (a) Uremia — 3 days

Antecedent cause(s) (b) Pyelonephritis & obstructive hydronephrosis — 3 weeks

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Carcinoma of cervix uteri — 9 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1953, to 12/16, 1953, that I last saw the deceased alive on 12/16, 1953, and that death occurred at 5 45 p.m., from the causes and on the date stated above.

SIGNATURE: M. Shoemaker (Degree or title) — ADDRESS: 8005 Woodbury Dr Silver Spring, Md — DATE SIGNED: 12/17/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12/19/53 — NAME OF CEMETERY OR CREMATORY: St. John's Catholic Cemetery — LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REG.: Dec 23-1953 — REGISTRAR'S SIGNATURE: J. Wilson Dodd.

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

1

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A5 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1017 N. Noyes Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 1017 N. Noyes Dr.

3. NAME OF DECEASED: (Type or Print) (First) Timothy (Middle) William (Last) Stanton

4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 9-21-1860

9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paleontologist

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Stanton

14. MOTHER'S MAIDEN NAME: Mary Ann Blanchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Francis H. Edwards 1017 N. Noyes Dr. Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Congestive Left Heart Failure	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardiovascular renal disease	3 year
	DUE TO (c) Arteriosclerosis	15 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 3 1953, to Dec 4, 1953, that I last saw the deceased alive on Dec 3, 1953, and that death occurred at 8:25 p.m., from the causes and on the date stated above.

SIGNATURE: [illegible] Spurr MD (DEGREE OR TITLE) ADDRESS: 4601 16th St NW Wash DC DATE SIGNED: 12/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-7-53 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetary — LOCATION (City, town, or county) (State): Prince George Co. Md

DATE REC'D BY LOCAL REG. 12-9-53 — REGISTRAR'S SIGNATURE: Frances [illegible]

24. FUNERAL DIRECTOR ADDRESS: S. H. Hines Co. 2901 14th St N.W. Washington D. C.

RECEIVED
DEC 9 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 17 - W. Kirke St

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) FRANCIS (Last) STOTZ

4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug 17, 1879

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemist

10b. KIND OF BUSINESS OR INDUSTRY: Bur. of Standards

11. BIRTHPLACE (State or foreign country): Kingston N Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geo. F. Stutz

14. MOTHER'S MAIDEN NAME: Rose Whitmell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Anna M. Stutz -- 17 W. Kirke St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

162X

Immediate cause (a) Myocarditis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Leukemia

DUE TO

(c) Bronchogenic Adenocarcinoma

INTERVAL BETWEEN ONSET AND DEATH: (c) 8 mos

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1953, to 12-3, 1953, that I last saw the deceased alive on 12-2, 1953, and that death occurred at 8:35 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William F. Fincher M.D. 5000 Reno Rd N.W. 12.3.53

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF 12/4/53 — NAME OF CEMETERY OR CREMATORY Lees Crematorium — LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 12/5/53 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Lee J. N. — ADDRESS Wash, D.C.

RECEIVED
DEC 7 1953
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 27 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print) (First) Bessie (Middle) Van (Last) Trout
4. DATE OF DEATH (Month) 12 (Day) 17 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower.
8. DATE OF BIRTH 10-4-73
9. AGE last birthday 68 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Van Orsman
14. MOTHER'S MAIDEN NAME Margaret West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL C[redacted]

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Acute left Heart failure — 1 hr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Deg. Myocarditis with freq. failure Episodes — 1 yr.

(c) Gen. Arteriosclerosis with Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/19/ 1947, to 12/17/ 1953, that I last saw the deceased alive on 12/17/ 1953, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE Howard Bruce MD (Degree or title) ADDRESS 7030 Carroll Ave. Takoma Park Md DATE SIGNED 12/18/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec. 22 1953
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. Dec. 18-1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Neal Funeral Home ADDRESS 4812 Ga. Ave. Washington, D.C.

MARGIN RESERVED FOR BINDING

1

RECEIVED
DEC 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12414

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 6301 Oakridge Ave.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Francis (Last) Swain
4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W.	Single	Aug 9, 1893	60 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Real Estate
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Garrett Swain
14. MOTHER'S MAIDEN NAME: Margaret O'Leary.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) World War I
16. SOCIAL SECURITY No.:
17. INFORMANT'S ADDRESS: Samuel B. Swain Jr. 6365 Oakridge Ave. Chevy Chase

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

33 X
Immediate cause (a) Cerebral Hemorrhage — 3 hrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertension — 15 years?
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Dec 28, 1953, that I last saw the deceased alive on Dec 28, 1953, and that death occurred at 3:45 p, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wilson H. Godel MD	8016 Georgetown Rd Bath. Md	12/28/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12-28-53	Tivoli Vault	Washington D C

DATE REC'D BY LOCAL REGISTRAR 12/29/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR ADDRESS H. K. Hunter Funeral Home 7520 Wisconsin Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

VS. A15

8404 Bradmore Rd

Grant to Rosmile

6

BUREAU V. S.

Film#G160 Item# 14 1/7/54 emp

12405

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 8511 Hempstead Ave

3. NAME OF DECEASED: (Type or Print) (First) Rosalie (Middle) Marie (Last) Thecker

4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 13, 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Fuel

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Gist

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: William P. Wilson 8511 Hempstead Ave. Bethesda, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

332X

Immediate cause (a) Cerebral Thrombosis — 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis, general — 10 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21, 1953, to Dec. 30, 1953, that I last saw the deceased alive on Dec. 30, 1953, and that death occurred at 8:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leo M. Curtis, M.D. 5707 Wisconsin Ave, Chevy Chase, Md. Dec. 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/2/54 — NAME OF CEMETERY OR CREMATORY Fairmount — LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 12/31/53 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS The S. H. Hines Co. 2901-14th St. N.W., Wash., D.C

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 18406

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Thomas
4. DATE OF DEATH (Month) (Day) (Year) December 1 1953
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
8. DATE OF BIRTH: Apr 10, 1896
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Marshall Thomas
14. MOTHER'S MAIDEN NAME: Vinnie White
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) #1 World War
16. SOCIAL SECURITY No.: 577164241
17. INFORMANT & ADDRESS: Ella Hill - Ashton, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1

Immediate cause (a) Uremia — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic congestive heart failure — 3 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Dec, 1953, that I last saw the deceased alive on Dec 1, 1953, and that death occurred at 11:25 a.m. from the causes and on the date stated above.

SIGNATURE S. S. Bryant (Degree or title) M.D. ADDRESS Sandy Spring, Md DATE SIGNED 12/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12/8/53 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 12-7-53 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR R. L. Snowden, ADDRESS Rockville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 11
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 4830 Chevy Chase Dr.

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) Pearl (Last) Thompson
4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 2, 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months 2 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Loy D. Thompson, Jr.-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

570.2 Immediate cause (a) Acute infarction intestinal trac — 3 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Thrombosis superior Mesenteric Artery — 3 days?
DUE TO
(c) Arteriosclerotic hypertensive disease — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old myocardial infarct — Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 [illegible], 1953, to 17 Dec., 1953, that I last saw the deceased alive on 17 Dec., 1953, and that death occurred at 11:40 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] M.D. [illegible] Hospital, Bethesda, Md. 18 Dec '53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-transit
DATE THEREOF 12/18/53
NAME OF CEMETERY OR CREMATORY Lincolnton
LOCATION (City, town, or county) Mecklenburg Co. (State) N.Carolina
DATE REC'D BY LOCAL REGISTRAR 12/19/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 4038 Belmont Ave

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Rebecca (Last) Todd

4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: Aug-5-1860
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR Months 4 Days 19 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home-work
11 BIRTHPLACE (State or foreign country): Talbot Co., Easton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Roe
14. MOTHER'S MAIDEN NAME: Martha Dean

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No: none
17. INFORMANT & ADDRESS: Her personal history

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death 14 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) senility — ?

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec-10-1953, to Dec-24-1953, that I last saw the deceased alive on Dec-14-1953, and that death occurred at 6 10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Hallam C. Miller, M.D. ADDRESS 7 Brooks Ave., Gaithersburg DATE SIGNED Aug

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/28/53
NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR DEC 26 1953
REGISTRAR'S SIGNATURE Huntington Williams, Alveda G. Cook mmb
24. FUNERAL DIRECTOR Wm. J. Pickner & Sons ADDRESS Balto. 17. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 50 days - 11 hrs 50 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
STREET ADDRESS (If rural give location) 4109 Everett St

3. NAME OF DECEASED: (Type or Print) (First) Horace (Middle) Edgar (Last) Troth Jr.
4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb 23, 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months 9 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Bs
10b. KIND OF BUSINESS OR INDUSTRY: Painting Contractor
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? Ud.

13. FATHER'S NAME: Horace Edgar Troth Sr.
14. MOTHER'S MAIDEN NAME: Emma ~~Jeannette~~ Jane Simpson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mrs. Robt. P. Dunlop 7025 Brookville Rd. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Coronary Occlusion with Infarction — Interval Between Onset And Death: 6 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Heart Disease — 3 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 13, 1953, to Dec. 4, 1953, that I last saw the deceased alive on Dec. 3, 1953 and that death occurred at 1:20 A.M from the causes and on the date stated above.

SIGNATURE (Degree or title) Sidney C. Cousins M.D. ADDRESS 3921 Ingomar St. N.W. DATE SIGNED Dec. 4, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/6/1953
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) (State) Rockville Maryland

DATE REC'D BY LOCAL REGISTRAR 12/5/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roberts A. Humphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

DEC 7 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rockville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lincoln Park

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Lincoln Park

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Tyler (Last)

4. DATE OF DEATH: (Month) Dec. (Day) 31, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Aug 10, 1855

9. AGE last birthday: 98 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY: on farm

11. BIRTHPLACE (State or foreign country): Howard Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown Tyler

14. MOTHER'S MAIDEN NAME: Priscilla - ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardio respiratory failure	30 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral thrombosis	36 hrs
	DUE TO (c) arteriosclerosis	Indef.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7-, 1953, to 12-31-1953, that I last saw the deceased alive on 12-31-, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Stephen N. Jones M.D. — ADDRESS Rockville Md. — DATE SIGNED 1/2/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE OF THIS DEATH 1/3/53 — NAME OF CEMETERY OR CREMATORY Mt Zion — LOCATION (City, town, or county) (State) Mt Zion, Md

DATE REC'D BY LOCAL REG. 1-4-54 — REGISTRAR'S SIGNATURE Helen S. Eckmeyer — **24. FUNERAL DIRECTOR** Robert L. Snowden — ADDRESS Rockville Md.

d/.

REC
JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12410

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural ✓
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 16 Ocean Green, S.W.,

3. NAME OF DECEASED: (Type or Print) (First) Roseann (Middle) (Last) Tymensky
4. DATE OF DEATH: (Month) (Day) (Year) December 26 19 53

5. SEX: Female
6. COLOR OR RACE: Wite
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: October 31, 1949
9. AGE last birthday: 4 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Leo B. Tymensky
14. MOTHER'S MAIDEN NAME: Fern Duncan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: Leo B. Tymensky Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
2 ■ 4.4
Immediate cause (a) Pulmonary Edema. — Interval Between Onset And Death
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Leukemia
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 19 53, to Dec. 26, 19 53, that I last saw the deceased D.O.A. alive on Dec. 26, 19 53, and that death occurred at 12:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature], LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. 29 December 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF December 29 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR December 28 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS James T. Ryan Funeral Home, 317 Pennsylvania Avenue, S.E., Washington, D.C.

RECEIVED
DEC 3 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216 12119

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 52 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS National Institutes of Health Clinical Center

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Georgia COUNTY --
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Atlanta
STREET ADDRESS (If rural give location) 1282 Lorenzo Dr. S.W.

3. NAME OF DECEASED: (Type or Print) (First) Angelin (Middle) (Pifinis) (Last) Glass
4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 19 53
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Apr. 17, 1920
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR Months --- Days --- IF UNDER 24 HRS. Hours --- Min. ---
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Pifinis
14. MOTHER'S MAIDEN NAME: Mary Morris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ---
17. INFORMANT & ADDRESS: Medical Record - The Clinical Center

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
204.0 Immediate cause	(a) Lymphocytic leukemia	6 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c) DUE TO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Interstitial pneumonia	3 wks?

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --
(CITY OR TOWN) --
(COUNTY) --
(STATE) --
TIME OF INJURY (Month) (Day) (Year) (Hour) m. --
INJURY OCCURED While at Work ☐ Not While At Work ☐ --
HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Oct 22, 19 53, to Dec. 13, 1953, that I last saw the deceased alive on Dec. 13 19 53, and that death occurred at 9:35 a.m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John L. Fahey	M.D.	The Clinical Center	Dec. 13, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-13-53	Greenwood Cem.	Atlanta, Ga.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/14/53	Bernice M. Thompson	L. H. Hines Co.	Washington 9, D.C.

VS. A15

RECEIVED
BUREAU V. S

Film#G160 Item# 1 12/11/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place): 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8903 Linton St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring Md
STREET ADDRESS (If rural, give location): 8903 Linton St

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Wallace
4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): married
8. DATE OF BIRTH: 1-16-1904
9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor
10b. KIND OF BUSINESS OR INDUSTRY: Dumont Television
11. BIRTHPLACE (State or foreign country): Wash DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Wallace
14. MOTHER'S MAIDEN NAME: Charlotte Gatter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Virginia Wallace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Thrombosis — 14 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Dec 1, 1953 that I last saw the deceased alive on Dec 1, 1953, and that death occurred at 6 10 P.m., from the causes and on the date stated above.

SIGNATURE: Robert B. Gray (Degree or title) M.D. — ADDRESS: 1833 Monroe St N.E. — DATE SIGNED: Dec 1 1953

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF: 12/4/1953 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland, Md

DATE REC'D BY LOCAL REG.: Dec 2, 1953 — REGISTRAR'S SIGNATURE: Frances [illegible]
24. FUNERAL DIRECTOR: Robert A Mattingly — ADDRESS: 131-11th St SE Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7
BUREAU V. S.

Film#G161 Item# 13,14 2/2/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase Lane 15.
STREET ADDRESS (If rural give location) Tel. WI-6904 Strathmore St.

3. NAME OF DECEASED: (Type or Print) (First) Gladys (Middle) May (Last) Watermen
4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Feb. 7, 1892
9. AGE Last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerical
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown Rinehart
14. MOTHER'S MAIDEN NAME: unknown
15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Ralph E. Smith 1012 Sterling Rd Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4:1X

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease with — 5 yrs.
DUE TO (c) aortic Regurgitation

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 29, 1953, to Dec. 8, 1953, that I last saw the deceased alive on Dec. 7, 1953, and that death occurred at 6:43 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sidney L. Barrows M.D. 3921 Livingston 1421 W Woodside 12/8/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 12/10/53
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REGISTRAR 12/8/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR ADDRESS
Chevy Chase Funeral Home
Ch. Ch. 7 41-5103 Wisc. Ave. 5103 Wisc. D.C. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

DEC 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE~~, ~~MD~~

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA
LENGTH OF STAY (in this place) 2 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4318 CHESTNUT ST

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON, D.C.
STREET ADDRESS (If rural give location) 1841 COLUMBIA ROAD NW.

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) M (Last) WATKINS
4. DATE OF DEATH: (Month) DEC. (Day) 10th (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: NOV. 16, 1901
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OHIO USA.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JOHN DUFFY
14. MOTHER'S MAIDEN NAME: MARY HAVEY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 364-18-2827
17. INFORMANT & ADDRESS: MRS EASBY SMITH 4318 CHESNUT ST.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) METASTATIC CARCINOMA

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) TO LUNGS, LIVER, SKIN

DUE TO

(c) CARCINOMA CERVIX UTERI

Interval Between Onset And Death: 9 MOS.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CORONARY HEART DISEASE

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY ~~(Home, farm, factory, street, office bldg., etc.)~~
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY ~~(Month) (Day) (Year)~~ (Hour) m.
INJURY OCCURED While at Work ☐ ~~Not While~~ At Work ☐
HOW DID INJURY ~~OCCUR~~?

22. I hereby certify that I attended the deceased from AUG, 1950, to Dec 10, 1953, that I last saw the deceased alive on Dec 10, 1953, and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Lawrence A. Kapee ADDRESS WASH, D.C. 1150 Conn. Ave NW. DATE SIGNED 12/10/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/12/53
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) (State) Prince George Co. Md.

DATE REC'D BY LOCAL REGISTRAR 12/10/53
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR Robert A. Cumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

DEC 1[illegible]

BUREAU V. S.

2516

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. /

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 3½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9113 Wire Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring,
STREET ADDRESS (If rural, give location) 9113 Wire Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Ellen	Watkins	Dec 10 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	March 4, 1873	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Receptionist (retired)	Underwood & Underwood Photographers	St. Louis, Mo.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Callahan	Mary Howlette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Miss Regina C. Watkins, 9113 Wire Ave., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Indefinite short

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bouchat M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12-10-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/12/53	Holy Rood Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 11/53		Wesner E. Humphrey	8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,511 Insley Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 10,511 Insley Street

3. NAME OF DECEASED: (Type or Print) (First) Marguerite (Middle) Hope (Last) Webb
4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 24, 1931
9. AGE last birthday: 22 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earl F. Webb, Sr.
14. MOTHER'S MAIDEN NAME: Hope W. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Earl F. Webb, Sr., 10511 Insley St., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

572X

Immediate cause (a) Uremia - chronic + long standing — Interval Between Onset And Death: year.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Atrophic and gouty arthritis — years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia, cachexia, debilitation, dehydration - ~~[illegible]~~ acidosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953 to 12/2, 1953, that I last saw the deceased alive on 12/2, 1953, and that death occurred at 8:00 AM - 12/2/53, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles M Weber MD
ADDRESS 12600 Parkland Dr. Rockville
DATE SIGNED 12/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/4/53
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.
DATE REC'D BY LOCAL REGISTRAR 4/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
DEC 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. — LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.
STREET ADDRESS (If rural give location) 127 Lee Avenue

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Carlyle (Last) Wells

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1953

5. SEX: M2le — COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11/24/32

9. AGE last birthday: 21 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Watchmaker

10b. KIND OF BUSINESS OR INDUSTRY: Watch Jewelry Store

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY?: Britain

13. FATHER'S NAME: Mr. Peter Wells

14. MOTHER'S MAIDEN NAME: Ede Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Peter Wells - 127 Lee Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

441X
Immediate cause (a) DUE TO: Myocardial Failure and Acute Pulmonary edema — Interval Between Onset And Death: 12 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Malignant Hypertension — 5 yrs.
(c) Nephrosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-3-53

19b. MAJOR FINDINGS OF OPERATION: Rt. Adrenal removed & pancreatic gland at bifurcation

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19-53 to 12-10-53 that I last saw the deceased alive on 12-10, 1953 and that death occurred at 4:50 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lee Von K Meade M.D. Takoma Park 12, Md 12-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/14/53 — NAME OF CEMETERY OR CREMATORY: F. H. Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR: Dec 15 1953 — REGISTRAR'S SIGNATURE: J. Wallace Dodd

24. FUNERAL DIRECTOR: F. Gaeth & Son — ADDRESS: Hyattsville Md

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Film#G160 Item# 12 1/8/54 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg. Rural. LENGTH OF STAY (in this place) Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg. Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Adelaide (Middle) Caulfeild (Last) Welti

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Idoa
8. DATE OF BIRTH: July 3-1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home Work
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? USA ✓

13. FATHER'S NAME: John P. Caulfeild
14. MOTHER'S MAIDEN NAME: Estello Carusi

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Nathan White, Gaithersburg. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Vascular accident — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29, 1953, to 12-31, 1953, that I last saw the deceased alive on 12-31, 1953, and that death occurred at 7:30 PM, from the causes and on the date stated above.

SIGNATURE F. J. Broschart (Degree or title) M.C. ADDRESS Gaithersburg Md DATE SIGNED 1-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-4-54
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Blandensburg.

DATE REC'D BY LOCAL REGISTRAR Jan 3, 1954
REGISTRAR'S SIGNATURE Alfreda G. Goode
24. FUNERAL DIRECTOR Ernest C. Gartner. ADDRESS Gaithersburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: MONTGOMERY — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING
   LENGTH OF STAY (in this place): 5 DAYS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: MARYLAND — COUNTY: MONTGOMERY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING
   STREET ADDRESS (If rural give location): 8615 MAYFAIR PLACE

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) E. (Last) WHALEY

4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUG. 4 81

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WASHINGTON, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN MADDEN

14. MOTHER'S MAIDEN NAME: ELLEN —

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Margaret M. Fenton 8615 Mayfair Pl. Silver Spg. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1
Immediate cause (a) DUE TO Carcinoma of Liver met

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

Interval Between Onset And Death: 3 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Generalized Arteriosclerosis

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Oct 53 to 28 Dec, 1953, that I last saw the deceased alive on 27 Dec, 1953 and that death occurred at , from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert C Hall MD — ADDRESS: 3514 Jane NW — DATE SIGNED: 28 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/31/53 — NAME OF CEMETERY OR CREMATORY: Holy Rood — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REGISTRAR: 12-24-53 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Francis Collins — ADDRESS: 3821-14th St. NW Wash. D.C.

VS. 415

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 4419 47th. Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Austin (Middle) Wadsworth (Last) Wheelock

4. DATE OF DEATH: (Month) December (Day) 10 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 4, 1903

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months 9 Days 6 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Leicester, New York.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George F. Wheelock

14. MOTHER'S MAIDEN NAME: Harriet Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WWII Korean

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wife: Cecilia K.G. Wheelock: Same as 2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Carcinoma, right lung — 1 yr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema — 24 hrs.

19a. DATE OF OPERATION: May 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma, rt. lung

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 30, 19 53, to Dec. 10, 1953, that I last saw the deceased alive on Dec. 10, 19 53, and that death occurred at 1:40 PM, from the causes and on the date stated above.

SIGNATURE M.F. Peters (Degree or title) ADDRESS DATE SIGNED

M. F. Peters, CDR MC USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland. December 11, 19 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec.14,1953 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR December 11, 1953 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: R.A.Pumphrey Funeral Home, 7557 Wisconsin Ave., Bethesda, Maryland

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 717 Milestone Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 717 Milestone Drive

3. NAME OF DECEASED: (Type or Print) (First) Madeline (Middle) June (Last) Williams
4. DATE OF DEATH: (Month) December (Day) 28 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 10 1910
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Frank Merendino
14. MOTHER'S MAIDEN NAME: Vincenza Zuccano
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.: 083-09-6116
17. INFORMANT & ADDRESS: Frank Williams (Husband) 717 Milestone Drive Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) adenocarcinoma colon with — Interval Between Onset And Death: 30 months

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) generalized metastases

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: Oct. 22 1953
19b. MAJOR FINDINGS OF OPERATION: Carcinomatosis with intestinal obstruction
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none
(CITY OR TOWN) Silver Spring (COUNTY) Montgomery (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from June, 1952, to Dec. 28, 1953, that I last saw the deceased alive on Dec. 23, 1953, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

SIGNATURE James Ray Goodson (Degree or title) M.D. ADDRESS 1746 K St. N.W. Wash. D.C. DATE SIGNED Dec. 28 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial
DATE THEREOF 12/31/53
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) (State) Queens County, N.Y.
DATE REC'D BY LOCAL REGISTRAR Dec. 29/53
REGISTRAR'S SIGNATURE Frances [illegible]
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laytill √ | LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS √

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. | COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Layhill √
STREET ADDRESS (If rural give location) R.F.D. 4, Silver Spring

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Anton (Last) Willson

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 3, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rockville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Willson

14. MOTHER'S MAIDEN NAME: Anna Gilpin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Frank Willson - Silver Spring R 1, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis, Chronic — Interval Between Onset And Death: 3 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Apoplexy, Hemorrhagic — 1 Months

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1953, to Dec 4, 1953, that I last saw the deceased alive on Nov 22, 1953, and that death occurred at 4:10 A.M., from the causes and on the date stated above.

SIGNATURE: A. D. Bonifant (Degree or title) M.D. | ADDRESS: Sandy Spring Md | DATE SIGNED: 12/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 7, 1953 | NAME OF CEMETERY OR CREMATORY: Friends | LOCATION (City, town or county): Sandy Spring | (State): Md

DATE REC'D BY LOCAL REGISTRAR: 12-4-53 | REGISTRAR'S SIGNATURE: Bertha B Lawder

24. FUNERAL DIRECTOR: Warner E. Dunphrey Inc. | ADDRESS: Silver Spring, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12424

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 1 Day 11 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural give location) 1617 North Queen Street

3. NAME OF DECEASED: (First) Baby (Middle) Boy (Last) Wismer
4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: December 2 1953
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 1 IF UNDER 24 HRS.: Hours 11 Min. 14
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Jesse E. Wismer
14. MOTHER'S MAIDEN NAME: Lois A. Campbell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: Jesse E. Wismer Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Prematurity	35 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

776X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 2, 1953, to Dec. 3, 1953, that I last saw the deceased alive on Dec. 3, 1953, and that death occurred at 10:20 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. J. PASCOE LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. December 5, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal Burial
DATE THEREOF December 5 1953
NAME OF CEMETERY OR CREMATORY Lebanon Cemetery
LOCATION (City, town, or county) (State) Lebanon Virginia.

DATE REC'D BY LOCAL REGISTRAR December 5 1953
REGISTRAR'S SIGNATURE Mary L. Russell
24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12421

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park, Md. | LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY ~~Falls church~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls Church V 43-3
STREET ADDRESS (If rural give location) 6500 Glenmore Dr., Falls Church, Va.

3. NAME OF DECEASED: (Type or Print) (First) Flora (Middle) Blanche (Last) Wood

4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1953

5. SEX: Fe

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 9-13-78

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Govt. Sec.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William W. Slick.

14. MOTHER'S MAIDEN NAME: Sue Teater

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Edward Wood - 6500 Glenmore Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Encephalomalacia	3 yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Arteriosclerosis	unknown
4437. 260 X	DUE TO (c) Hypertensive Vascular disease	unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 9, 1953, to Dec. 14, 1953 that I last saw the deceased alive on Dec. 14, 1953 and that death occurred at 8:13 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) James J. Mahoney Jr. MD ADDRESS Takoma Park Md DATE SIGNED Dec 15 1953

23. BURIAL, CREMATION, REMOVAL (Specify) CREMATION DATE THEREOF 12-17-53 NAME OF ~~CEMETERY~~ OR CREMATORY CEDAR HILL LOCATION (City, town, or county) SUITLAND (State) MD.

DATE REC'D BY LOCAL REGISTRAR Dec 16 1953 REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 1400 Chapin N.W. Wash., D.C.

VS A15

RECEIVED
DEC 18 1953
BUREAU V. S.